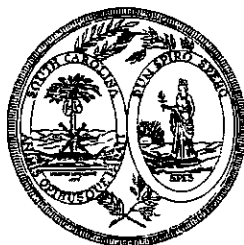


Greenville County Legislative Delegation



SENATE

REPRESENTATIVE WENDY NANNEY
Chairperson

DISTRICT NO. 5
TOM CORBIN

DISTRICT NO. 6
MICHAEL L. FAIR

DISTRICT NO. 7
KARL B. ALLEN

DISTRICT NO. 8
ROSS TURNER

DISTRICT NO. 9
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DISTRICT NO. 12
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DISTRICT NO. 13
SHANE MARTIN

HOUSE OF REPRESENTATIVES

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Secretary

DISTRICT NO. 28
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BILL CHUMLEY

DISTRICT NO. 36
RITA ALLISON

RACHAEL C. STRAIT
Executive Secretary

REPRESENTATIVE BRUCE BANNISTER
Vice Chairman

REPRESENTATIVE GARRY SMITH
Secretary

July 26, 2016

The Honorable Nikki R. Haley
Governor, State of South Carolina
1205 Pendleton Street
Columbia, South Carolina 29201

Dear Governor Haley:

The Greenville County Legislative Delegation at their meeting on Monday, July 11, 2016, nominated the following candidate to serve on the Foster Care Review Board, with terms as provided by law:

FCRB 13D:

Traci R. Brookie (Reappointment) 4 McHan Street, Greenville, SC 29605.
Term to expire: September 15, 2020.

Tammy D. Jones (Appointment) 802 Jenkins Street, Greenville, SC 29601.
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Vice: Tommy L. Rice.

James W. Cramer (Appointment) 107 Baker Street Ext., Greenville, SC 29611. Term to expire September 15, 2020
Vice: Dorothy C. Bailey

Enclosed are the nominee's "Application for Boards, Commission, and Committees," along with their SC Department of Social Services' Consent to Release Information form, as requested by your office.

Thank you for your consideration in making this appointment.

Sincerely,

Wendy Nanney *IRS*
Wendy Nanney, Chairperson
Greenville County Legislative Delegation

WN:rs

Enclosure

cc: Jeanette Davis, Appointment Process Liaison
SC Children's Foster Care Review Board

19] Have you filed state and federal income tax returns for the past five years? YES If not, give details.*

20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? N/A If so, give details.*

21] Have you ever defaulted on any state or federal student loan? NO If so, give details.*

22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? NO
If so, give details.*

23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? NO
If so, give details.*

24] Have you ever served in the military? YES USMC
Were you honorably discharged? YES If not, give details.*

25] Have you ever been terminated from employment for cause? NO If so, give details.*

26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? NO If so, give details.*

27] Have you ever been disciplined or fined by the State Ethics Commission? NO If so, give details.*

28] Have you ever been disciplined or fined by any professional or regulatory agency? NO If so, give details.*

29] Do you serve on any local or state board, commission, committee, or elected office? YES If so, list.*
FREETOWN Neighborhood Ass.

30] Are you a registered lobbyist in the State of South Carolina? NO

31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? YES If so, give details.* Medicare

32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? NO If so, give details.*

33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? NO If yes, give details.*

34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? NO If so, please identify *:

- a) the type of property,
- b) the name of the agency(s) involved,
- c) the value of the transaction(s).

35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? NO If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? NO If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? NO If yes, please identify *:

- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] I, James W. Cramer, agree that, if I am appointed to the Registration & Voter Bd. I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

STATE OF SOUTH CAROLINA

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

James W. Cramer
Applicant

Sworn and signed before me on this 22 day of June, 1996.

Rachael L. Strait
Notary Public in and for the State of South Carolina

My commission expires 1-23-23

Addendum

1. Reference Foster Care Review Board Policy 15.00: In order to maintain independent oversight of cases reviewed, as of September 1, 2011, a Foster Parent with an active foster care license or an active volunteer Guardian ad Litem does not qualify for service on a local foster care review board.

- a. Are you currently a Foster Parent with an active foster care license? NO
- b. Do you currently serve as a volunteer Guardian ad Litem? NO

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

SECTION I. Purpose for Request

A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:

- ☐ becoming or remaining a foster parent or potential adoptive parent; or
☒ becoming or remaining an employee of or a member of the state or a local foster care review board; or
☐ becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.

B. ☐ I am requesting a search ONLY of the Central Registry of Child Abuse and Neglect for a purpose of _____.

SECTION II. Mail Results To:

ATTN: _____

TEL. NO: _____

SECTION III. Central Registry Check Fees: Please ☒ appropriate box and include payment. Check or Money Order (NO CASH).

- | | |
|--|--|
| <input type="checkbox"/> Non-Profit Entities.....\$8.00 | <input type="checkbox"/> Name Changes.....\$8.00 |
| <input type="checkbox"/> For-Profit Entities.....\$25.00 | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00 |
| <input type="checkbox"/> State Agencies.....\$8.00 | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00 | |

SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)

Name: James William Cramer DOB: 5-30-52 Sex: M Race: W
Maiden/Aliases: Jim Name Change: _____
Place of Birth: Bellefonte, Pa SSN: (See instructions) 140 465810
Current Address: 107 Baker Street Ext Previous Address: (See instructions) _____

SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.

James W Cramer
Signature of Applicant
Gloria Berry
Signature of Notary or Witness

7/26/16
Date
7/26/16
Date

SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.

- ☐ The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
☐ The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call _____ if you have any questions.
☐ The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
☐ The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

Authorized DSS Employee

Date

Greenville County Legislative Delegation



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Vice Chairman

REPRESENTATIVE GARRY SMITH
Secretary

SENATE REPRESENTATIVE WENDY NANNEY
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July 26, 2016

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Governor, State of South Carolina
1205 Pendleton Street
Columbia, South Carolina 29201

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Enclosed are the nominee's "Application for Boards, Commission, and Committees," along with their SC Department of Social Services' Consent to Release Information form, as requested by your office.

Thank you for your consideration in making this appointment.

Sincerely,

Wendy Nanney *irs*

Wendy Nanney, Chairperson
Greenville County Legislative Delegation

WN:rs

Enclosure

cc: Jeanette Davis, Appointment Process Liaison
SC Children's Foster Care Review Board



Office of the Governor
State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed with the Governor's Office. Please refer to your nominating authority (County Legislative Delegation, County Council, City Council, etc.) for instructions on how to properly submit this form.

1] Your Name:

Prefix

Jones
Last

Tammy
First

Denise
Middle

2] Name of Board, Commission, or Committee you are being considered for:

Foster Care Review Board

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 04

802 Jenkins Street

County:

Greenville

Greenville SC 29601

4] Home Telephone: 5] Office Telephone: 6] Fax:

7] Mobile Telephone: 864 275 2089 8] Email Address: jonestammy74@gmail.com

9] Drivers License # 004084908 10] Social Security #: 249658008

11] Voter Registration # 235572466 12] Date of Birth: 03/02/74

13] Race: B 14] Sex: Select Female

15] Level of Educational Background Completed:

Some High School ☐

High School graduate or equivalence (G.E.D.) ☐

Some College ☐

College graduate ☒ Assoc. in Business Mgmt

Professional degree (please specify) ☐

16] Present Employer BCBSSC

Address 1000 Executive Ctr Dr. Greenville SC 29615

Current Position Member Service Advocate

17] Years of residence in South Carolina: 42

18] Have you ever been arrested for a crime other than a minor traffic violation? NO If so, give details.*

19] Have you filed state and federal income tax returns for the past five years? yes If not, give details.*

20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? no If so, give details.*

21] Have you ever defaulted on any state or federal student loan? no If so, give details.*

22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? no
If so, give details.*

23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? no
If so, give details.*

24] Have you ever served in the military? no
Were you honorably discharged? _____ If not, give details.*

25] Have you ever been terminated from employment for cause? no If so, give details.*

26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? no If so, give details.*

27] Have you ever been disciplined or fined by the State Ethics Commission? no If so, give details.*

28] Have you ever been disciplined or fined by any professional or regulatory agency? no If so, give details.*

29] Do you serve on any local or state board, commission, committee, or elected office? yes If so, list.*

Sterling Tax Commission, SC notary

30] Are you a registered lobbyist in the State of South Carolina? no

31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? no If so, give details.*

32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? no If so, give details.*

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- a) the individual or business,
- b) the amount of compensation paid to you,
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- d) the governmental entity involved.

38] I, Tammy D. Jones, agree that, if I am appointed to the Foster Care Review Board I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete; and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.


Applicant's Signature

Sworn and subscribed before me this 21ST day of JUNE, Two Thousand and 2016.


Notary Public for South Carolina

My commission expires 6/28/2022

Addendum

1. Reference Foster Care Review Board Policy 15.00: In order to maintain independent oversight of cases reviewed, as of September 1, 2011, a Foster Parent with an active foster care license or an active volunteer Guardian ad Litem does not qualify for service on a local foster care review board.

- a. Are you currently a Foster Parent with an active foster care license? no
- b. Do you currently serve as a volunteer Guardian ad Litem? no

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

SECTION I. Purpose for Request

A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:

- ☐ becoming or remaining a foster parent or potential adoptive parent; or
☒ becoming or remaining an employee of or a member of the state or a local foster care review board; or
☐ becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.

B. ☐ I am requesting a search ONLY of the Central Registry of Child Abuse and Neglect for a purpose of _____.

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ATTN: _____

TEL. NO: _____

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- | | |
|--|--|
| <input type="checkbox"/> Non-Profit Entities.....\$8.00 | <input type="checkbox"/> Name Changes.....\$8.00 |
| <input type="checkbox"/> For-Profit Entities.....\$25.00 | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00 |
| <input type="checkbox"/> State Agencies.....\$8.00 | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00 | |

SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)

Name: Tammy D. Jones DOB: 03/21/74 Sex: F Race: B
Maiden/Aliases: _____ Name Change: _____
Place of Birth: Greenwood, SC SSN: (See instructions) 249 65 8608
Current Address: 802 Jenkins St Greenville SC 29601 Previous Address: (See instructions) 1900 Eichelberger Rd.
Gray Court SC 29645, 909 Very Fine Dr. Ft Inn SC 29644

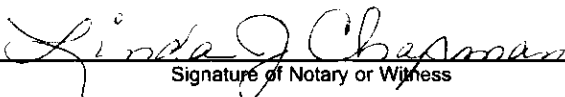
SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.



Signature of Applicant

6/21/16

Date



Signature of Notary or Witness

6/21/16

Date

SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.

- ☐ The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
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Authorized DSS Employee

Date

Greenville County Legislative Delegation



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July 26, 2016

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Enclosed are the nominee's "Application for Boards, Commission, and Committees," along with their SC Department of Social Services' Consent to Release Information form, as requested by your office.

Thank you for your consideration in making this appointment.

Sincerely,

Wendy Nanney *ira*
Wendy Nanney, Chairperson
Greenville County Legislative Delegation

WN:rs

Enclosure

cc: Jeanette Davis, Appointment Process Liaison
SC Children's Foster Care Review Board



Office of the Governor
State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed with the Governor's Office. Please refer to your nominating authority (County Legislative Delegation, County Council, City Council, etc.) for instructions on how to properly submit this form.

1] Your Name:

Dr./Mr./Mrs./Ms. Brookie Traci Rebecca
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

Foster Care Review Board 13D

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 4th

4 McHan Street Greenville Co.
Greenville, SC 29605

4] Home Telephone: _____ 5] Office Telephone: _____ 6] Fax: _____

7] Mobile Telephone: 864-386-5539 8] Email Address: tracibrookie@gmail.com

9] Drivers License # 011417769 10] Social Security #: 251-69-7325

11] Voter Registration # 235692322 12] Date of Birth: 05/02/1985

13] Race: W 14] Sex: Male / Female

15] Level of Educational Background Completed:

Some High School _____

High School graduate or equivalence (G.E.D.) _____

Some College _____

College graduate ✓

Professional degree (please specify) _____

16] Present Employer N/A

Address _____

Current Position _____

17] Years of residence in South Carolina: 28

18] Have you ever been arrested for a crime other than a minor traffic violation? no If so, give details.*

Received 5-11-16

19] Have you filed state and federal income tax returns for the past five years? yes If not, give details.*

20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? no If so, give details.*

21] Have you ever defaulted on any state or federal student loan? no If so, give details.*

22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? no
If so, give details.*

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If so, give details.*

24] Have you ever served in the military? no
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27] Have you ever been disciplined or fined by the State Ethics Commission? no If so, give details.*

28] Have you ever been disciplined or fined by any professional or regulatory agency? no If so, give details.*

29] Do you serve on any local or state board, commission, committee, or elected office? yes If so, list.*

FCRB 13D

30] Are you a registered lobbyist in the State of South Carolina? no

31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? yes If so, give details.*

husband - teacher w/
Greenville Co. Schools

32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? no If so, give details.*

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- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] I, Travis Brooke, agree that, if I am appointed to the Foster Care Review Board, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

Travis Brooke
Applicant's Signature

Sworn and subscribed before me this 11th day of May, Two Thousand and Sixteen.

Tommy L. Rice
Notary Public for South Carolina

My commission expires 7-8-2020

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: _____

Mail Results To: _____

Please Print or Type: (Complete spelling of name required, first, middle and last – no initials.)

Name: Traci Rebecca Brookie DOB: 05/02/85 Sex: F Race: W

Maiden/Former Name: Traci Rebecca Jones Name Change: _____

Place of Birth: Greenville, SC SSN: 251-69-7325

Current Address: 4 McHah Street Previous Address: 246 Woods Rd
Greenville, SC 29605 Greer, SC 29650

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;
Telephone (803) 898-7318.

Traci Brookie
Signature of Applicant

5/10/2016
Date

[Signature]
Signature of Notary or Witness

5/10/16
Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

(This section to be completed by an authorized DSS employee only – Division of Human Services.)

- ☐ The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- ☐ The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- ☐ Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- ☐ Other – See attached correspondence.

Authorized DSS Employee

Date

