

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Floyd</i>	DATE <i>3-20-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>000484</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>3-27-08</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Lls Forlner, Jacobs cleared 3/31/08, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Floyd</i>	DATE <i>3-20-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000484	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>3-27-08</i>		
2. DATE SIGNED BY DIRECTOR <i>C. Ellis Forloney, Jacobs</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____		
	<input type="checkbox"/> FOIA DATE DUE _____		
	<input type="checkbox"/> Necessary Action		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



Lindsey O. Graham

United States Senator • South Carolina

FAX TRANSMISSION

Date: 3/20/08

To: Emma Forkner

From: Leslie Thrasher

Fax #: 803 898 4515

Subject: Aurora Acevedo

Page 1 of 4 Thank you!

Comments:

530 Johnnie Dadds Boulevard, Suite 202
Mt. Pleasant, South Carolina 29464
Office (843) 849-3887 • Fax (843) 971-3669

03/20/2008 08:40 FAX 843 971 3669

SENATOR LINDSEY GRAHAM

☒ 002

LINDSEY O. GRAHAM
SOUTH CAROLINA



280 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5872

UNITED STATES SENATE

March 20, 2008

Ms. Emma Forkner
Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Re: Aurora Acevedo
SS# 146-90-3833

Dear Ms. Forkner:

Enclosed is a copy of correspondence I have received from the above named constituent. I believe you will find it self-explanatory.

Your reviewing this material and providing any assistance or information possible under the governing statutes and regulations will be greatly appreciated. Thank you for your attention in this matter. I look forward to hearing from you soon.

Sincerely,

A handwritten signature in dark ink, appearing to read "L. Graham".

Lindsey O. Graham
United States Senator

LOG/lt

Please refer to case (499467) in your response.

Please reply to: Senator Lindsey Graham
530 Johnnie Dodds Boulevard, Suite 202
Mt Pleasant, South Carolina 29464

506 HAWTHORN STREET
SUITE 202
COLUMBIA, SC 29201
(803) 553-0112

401 WEST EVANS STREET
SUITE 228B
FLORENCE, SC 29501
(843) 666-1666

101 EAST WASHINGTON STREET
SUITE 220
GREENVILLE, SC 29601
(864) 250-1417

639 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 945-3887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 586-9688

135 EAGLES NEST DRIVE
SUITE B
SIMPSON, SC 29578
(803) 898-8330

03/20/2008 08:31AM

SENATOR LINDSEY GRAHAM

ALFREDO ACEVEDO

SENATOR LINDSEY GRAHAM

003

PAGE 01/02

0001

AUTHORIZATION FORM

I hereby authorize United States Senator Lindsey O. Graham to receive any information from agencies pertaining to my request below. This authorization is in accordance with the provisions of the Privacy Act of 1974.

(PLEASE TYPE OR PRINT BELOW.)

Name: Alfreda Acevedo Phone: 843 422 1464
Address: 15 Willowhaze Lane
City: Bluffton State: SC Zip: 29910
Social Security Number: 146-90-3833 VA Number: _____

In the space below, briefly describe the problems that you are experiencing and explain exactly what you would like Senator Graham to do on your behalf. Without this information, it will be impossible for Senator Graham to adequately assist you. (If you need more space, please use the back of this form or an additional piece of paper.)

Hi Senator we need your help. This is Alfreda husband. Alfreda Acevedo. Nighting. My wife was diagnosed with breast cancer. She has the surgery on March 4 of 2008 but now need to start with Chemotherapy. She is on Opail just for the first chemo. but we not have any Respond

Signature: _____

Date: 3-19-08

Please return form to:

U.S. Senator Lindsey O. Graham
530 Johnnie Dodds Boulevard, Suite 202
Mt. Pleasant, South Carolina 29464

for the Medicare. Head Hospital Told us if we no approve with the Medicare until the appointment he is going to move for other date the first chemotherapy. My wife has aggressive cancer Stage 3. The time is passing and this cancer grow fast. So please if you can do Anything with the Medicare to help us. I am Self employee. but now the Business is very slow.

I pay all my Taxes since I came to this Country. almost 20 year.

Please let me know My phone number is 843 422 1464.

Thank You



State of South Carolina
Department of Health and Human Services

Log 0484

Mark Sanford
Governor

Emma Forkner
Director

March 31, 2008

The Honorable Lindsey Graham
United States Senate
530 Johnnie Dods Boulevard, Suite 202
Mount Pleasant, South Carolina 29464

Dear Senator Graham:

Thank you for your correspondence regarding Medicaid eligibility and the healthcare needs of Ms. Aurora Acevedo (case # 499467).

A member of our staff has been in direct contact with Ms. Acevedo to address her concerns regarding Medicaid eligibility. We have notified her of our eligibility decision.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

Emma Forkner
Director

EF/fcol



Log 0484

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Erma Forkner
Director

March 31, 2008

Ms. Aurora Acevedo
15 Willow Trace Lane
Bluffton, South Carolina 29910

Dear Ms. Acevedo:

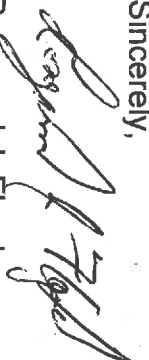
United States Senator Lindsey Graham asked our agency to assist with your concerns regarding Medicaid eligibility and your healthcare needs.

We are pleased to inform you that your application for Medicaid's Breast and Cervical Cancer Program (BCCP) was approved on March 26, 2008. Your Medicaid card will be mailed to you and may be used immediately for Medicaid covered services.

Your BCCP application was originally denied on March 25, 2008 because your case record indicated that you were not a qualified non-citizen. Your eligibility worker, Ms. Janelle Lee, contacted you regarding your citizenship status and was told that you became a citizen last month. Ms. Lee received a verified *Certificate of Naturalization* and was able to approve your case. Please disregard the denial notice you received.

If you have further questions or concerns regarding your Medicaid, please call Ms. Lee at (803) 898-2966.

Sincerely,


Raymond J. Floyd
Deputy Director

RJF/col

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Floyd</i>	DATE <i>3-20-08</i>
--------------------	----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000484</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>3-27-08</i>
2. DATE SIGNED BY DIRECTOR <i>Cecilia Forlano, Jacobs</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Ally Lee</i>	<i>3/26/08</i>		
2. <i>BBC</i>	<i>3/26/08</i>		
3. <i>Ally 3/21/08</i>			
4.			