

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>2/20/08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000434	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Claud 2/28/08, etu</i> <i>attached</i>		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2/5/08</i> <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.			

Mr. Nathaniel Fabor #254192
R.C.I.
Post Office Box 2039 / CB 04
Ridgeland, S.C. 29936-2039
February 01, 2008

RECEIVED

FEB 20 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Director Robert M. Kerr
DHHS
Post Office Box 89206
Columbia, S.C. 29202-8206

RE: A Fresh Start

Dear Mr. Gregorie:

I am Nathaniel Fabor in the above caption and within South Carolina Department of Correction (SCDC) Institution at Ridgeland. I am writing to you seeking your assistance toward my June 1, 2008 maxout release. Upon my release I will have a temporary place of live for two or three (2-3) months with my mother and father. I will still need the assistance of the Department of Health and Human Services for a fresh start for my daughter and I. June 01, 2008 when I am release, I will not have anything to help me toward my outside needs. This will be my mailing address after June 01, 2008, 223 Sixth Avenue, Mount Pleasant, S.C. 29464 and phone number 843-884-3405.

Sincerely,

Nathaniel Fabor
NATHANIEL FAVOR

CC: HUD, Wash., DC
Sen. George E. "Chip" Campsen
Sen. Robert Ford
Rep. Annette D. Young
Rep. J. Seth Whipper
Cong. James E. Clyburn
Cong. Henry E. Brown, Jr.

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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000434</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2/15/08</i> <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>[Signature]</i>	<i>2-26-08</i>		
2. <i>[Signature]</i>	<i>2/20/08</i>		
3.			
4.			

EDIT

Closed? ☐

Date Closed

Constituent ID 1390

Source Blue Log

Log No 0434

Due Date 3/ 5/2008



Print this Form

Constituent Notes

SSN 000-00-0000

MEDIC ID 0000000000

First Name

Nathaniel

Last Name

Fabor

Constituent Phone(s)

Constituent Phone Extension

HIPAA Authorization

Reason for Referral

General Information

Staff ID

Staff First Name

Staff Last Name

7

Sheila

Chavis

Point of Contact

Authorized Rep.

Rep Phone

Relationship

Legislator/Other

Entry Date 2/20/2008

Last Update 2/20/2008

Last Update User LYNCHJEN

Apply

Cancel

Close

Constituent# 1390

Notes ID	Entry Date	Last Update	Notes
4190	2/22/2008	2/22/2008	Reviewed and left letter in Mark's box for him to review on Monday when he returns. LYNCHJEN 2/22/2008 3:54:52 PM
4189	2/22/2008	2/22/2008	2/22/08-- Blue log letter given to Jennifer for review. CHAVISS 2/22/2008 3:36:31 PM
4188	2/22/2008	2/22/2008	2/22/08-- Blue log letter returned from Bob with edits; corrections made CHAVISS 2/22/2008 3:36:20 PM
4187	2/22/2008	2/22/2008	2/22/08-- Blue Log letter given to Bob Liming for review. CHAVISS 2/22/2008 2:52:30 PM
4185	2/22/2008	2/22/2008	2/22/08-- Checked MFDS and Mr. Fabor is not listed

Division of Constituent Services

Case Tracking Information

Chronology:

Client Name: Nathaniel Fabor **Constituent ID#:** 1390

2/20/08—Received Blue Log letter from Jennifer.

2/22/08—Checked MEDS and Mr. Fabor was not found on system.

2/22/08—Blue Log letter given to Bob Liming for review.

2/22/08—Bob returned blue log letter with edits; corrections made

2/22/08—Blue Log letter given to Jennifer for review.

Log 0434



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 28, 2008

Mr. Nathaniel Fabor
R.C.I.
Post Office Box 2039/CB 04
Ridgeland, South Carolina 29936-2039

Dear Mr. Fabor:

We received your letter addressed to Mr. Robert Kerr regarding information on programs in South Carolina to assist you following the completion of your incarceration.

The Department of Health and Human Services administers the Medicaid program, a healthcare program. Medicaid does not provide financial assistance for living expenses. Medicaid eligibility is based on federal and state rules. To qualify for Medicaid, an individual must meet certain financial and categorical guidelines. A Medicaid eligibility worker can tell you if you qualify based on information provided on an application.

We have enclosed an overview of the Medicaid program, as well as, other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions, and daily living needs. We have also included a list of state agencies that may be of some assistance to you. We hope this information is helpful.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/colc
Enclosures