

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Adelle's / FOIA	11-16-09

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 1011225	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR C.C. Singleton, Steensland Cleared 11/16/09, better attached.	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 12-3-09 <input type="checkbox"/> I 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.			

From: SARAH DOCTOR <sardct@bellsouth.net>
To: <stensief@scdhhs.gov>
CC: <varn@scdhhs.gov>
Date: 11/15/2009 9:01 PM
Subject: FOIA (Freedom of Information Act)
Attachments: FOIA. 2doc.doc

Did not

Mr. Jeff Stensland

I have attached at letter requesting the Cost Report Information and Analysis which is available for OSS, Community Residential Care Facilities.

Thank you, for all you do
Sarah Doctor

To: Jeff Stensland

From: Sarah Doctor

Date: November 13, 2009

Re: **FOIA (Freedman of information Act) Request**

Dear Mr. Stensland

I am requesting the Cost Report from the Department Health and Human Services, Optional Supplement Service OSS, information and analysis for Community Residential Care Facilities. The fiscal years, I am requesting are July 2007 and July 2008. I know the information I am requesting, is State Government Record. I also understand that the FOIA, Freedom of Information Act Request makes this information public knowledge. The Cost Report Analysis is gathered from the financial income / expenses reported from all Community Residential Care Facilities in the State of South Carolina, which participates in the Optional Supplement Service Program and IPC Integrated Personal Care Services through The Department of Health and Human Service. Please inform me of the procedures by which I can obtain this information. Any assistance that you provide on this request would be greatly appreciated. I can be contacted at (803)446-5894

Thank You

Sarah Doctor

cc: Kevin Varn



809 at 925

December 2, 2009

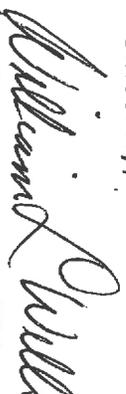
Ms. Sarah Doctor
Post Office Box 23328
Columbia, South Carolina 29224

Dear Ms. Doctor:

Enclosed is the information and the billing for processing your recent Freedom of Information Act request from our office.

I hope this information is helpful to you. If you should have any questions, please contact Brandy Putnam at (803) 898-1040.

Sincerely,


William L. Wells, CPA
Deputy Director

WLW/bp
Enclosures



December 2, 2009

TO: Ms. Sarah Doctor

FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 225

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	1	Hours	\$10.00
Pages copied at \$.10 per page	12	Pages	\$ 1.20
Pages faxed at \$.20 per page		Pages	\$ _____
Shipping and Handling Costs			\$ 1.25
Other costs associated with the FOIA request:	0225		\$ _____
Total Amount Due SCDHHS:			\$ 12.45

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact Brandy Putnam at (803) 898-1040 should you have any questions.

William L. Wells
Signature _____ Date 12/2/09