

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

|                     |                        |
|---------------------|------------------------|
| TO<br><i>Jacobs</i> | DATE<br><i>1-16-10</i> |
|---------------------|------------------------|

| DIRECTOR'S USE ONLY  | ACTION REQUESTED  |
|--|---|
| 1. LOG NUMBER<br><br><div style="text-align: center; font-size: 2em; color: green; font-weight: bold;">✓</div> <i>Closed 1/13/10, letter attached.</i><br>011291 | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____<br><br><input checked="" type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE <i>1-15-10</i><br><br><input type="checkbox"/> FOIA<br>DATE DUE _____<br><br><input type="checkbox"/> Necessary Action |

| APPROVALS<br><small>(Only when prepared for director's signature)</small> | APPROVE | * DISAPPROVE<br><small>(Note reason for disapproval and return to preparer.)</small> | COMMENT |
|---|---------|--|---------|
| 1.  |         |  |         |
| 2.  |         |  |         |
| 3.  |         |  |         |
| 4.  |         |  |         |

LINDSEY O. GRAHAM  
SOUTH CAROLINA



8184515

290 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-5972

UNITED STATES SENATE  
Fax Transmittal Sheet

RECEIVED

JAN 06 2010

TO: Emma Forlyner  
FROM: Sophie Martin  
DATE: 1-6-2010  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

COMMENTS:

1 PAGE(S) TO FOLLOW

IF THERE IS ANY PROBLEM RECEIVING THIS FAX, PLEASE  
CALL (803) 933-0112.

Confidentiality: This message is intended solely for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the person responsible for delivering it to the recipient, you are put on notice that any dissemination, distributing or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message at the address via U.S. Postal Service. Thank you.

508 HAMPTON STREET  
SUITE 202  
COLUMBIA, SC 29901  
(803) 833-0112

401 WISER EVANS STREET  
SUITE 228B  
FLORENCE, SC 29501  
(843) 669-1505

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

530 JOHNNIE DODDOR BOULEVARD  
SUITE 202  
MOUNT PLEASANT, SC 29564  
(843) 848-3887

140 EAST MAIN STREET  
SUITE 110  
ROCK HILL, SC 29730  
(803) 386-8828

136 EAGLES NEAR DRIVE  
SUITE B  
SENECA, SC 29878  
(864) 899-8330

LINDSEY O. GRAHAM  
SOUTH CAROLINA



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WASHINGTON, DC 20510  
(202) 224-5972

# UNITED STATES SENATE

January 5, 2010

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

Dear Emma:

The attached authorization form concerns an issue outside of my official jurisdiction. Therefore, as a courtesy to my constituent, I am sending this correspondence to you.

Thank you for your attention to this matter. I ask that you please respond directly to the individual.

Sincerely,

Lindsey O. Graham  
United States Senator

LOG/sl

Enclosure

508 HAMILTON STREET  
SUITE 202  
COLUMBIA, SC 29201  
(803) 933-0112

401 WEST EVANS STREET  
SUITE 111  
FLORENCE, SC 29501  
(843) 659-1505

130 SOUTH MAIN STREET  
SUITE 700  
GREENVILLE, SC 29601  
(864) 250-7417

530 JOHNNIE DODDS BOULEVARD  
SUITE 202  
MOUNT PLEASANT, SC 29464  
(843) 949-3897

140 EAST MAIN STREET  
SUITE 110  
ROCK HILL, SC 29730  
(803) 386-2828

124 EXCHANGE STREET  
SUITE 7  
PENNINGTON, SC 29920  
(804) 646-4090

01/06/2010 10:34AM

LINDSEY O. GRAHAM  
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-5972

JAN 04 2010

# UNITED STATES SENATE AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize the appropriate agency to furnish the office of U.S. Senator Lindsey Graham information pertaining to my claim or request. This authorization is in accordance with the Privacy Act of 1974.

Name: Julie G. Black Phone: 803-892-9727

Address: 120 Grapevine Rd.

City: Leesville State: SC Zip: 29070

Social Security Number: 251-33-23810 VA Number (if applicable): \_\_\_\_\_

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 the form).

1. Medicaid said that it would take 90 days to approve me. I can't afford \$90. plus coming out of my check that starts the 2nd wed of Jan.

2. Section 8: The judge wants me to leave this area

As quickly as possible due to in laws. I F I ever get my lump sum I will be able to move with sect 8  
3. Regarding lump sum  
Signed: Julie G Black Date: 12/29/09

NOTE: Those requesting assistance from Senator Graham should note that if they are represented by an attorney, that attorney must contact the Senator's office by letter or telephone before action can proceed. This is to eliminate any confusion and it is in the best interest of the client.

If represented by an attorney, please give attorney's name \_\_\_\_\_

Please return form to: U.S. Senator Lindsey O. Graham  
508 Hampton Street, Suite 202  
Columbia, South Carolina 29201  
Phone: (803) 933-0112  
Fax: (803) 933-0957

508 Hampton Street  
Suite 202  
Columbia, SC 29201  
(803) 933-0112

401 West Evans Street  
Suite 228B  
Florence, SC 29501  
(843) 669-1508

101 East Washington Street  
Suite 220  
Greenville, SC 29601  
(864) 250-1417

650 JOHANNIE DOODS BOULEVARD  
Suite 202  
Mauldin, SC 29404  
(843) 949-3897

140 East Main Street  
Suite 110  
Rock Hill, SC 29730  
(803) 356-2628

135 Eagles Nest Drive  
Suite B  
Seneca, SC 29078  
(864) 889-3550



Log 0391



January 13, 2010

Ms. Julie G. Black  
120 Grapevine Road  
Leesville, South Carolina 29070

Dear Ms. Black:

United States Senator Lindsey Graham contacted our agency regarding Medicaid eligibility and your healthcare needs.

We are pleased to inform you that your application for Medicaid's *Aged, Blind or Disabled* program was approved effective December 1, 2009. A Medicaid card will be mailed to you and may be used immediately for Medicaid covered services. Medicaid will also begin paying your Medicare Part B monthly premium of \$110.50.

Regarding your housing concerns, we contacted the Columbia Housing Authority's Deputy Director of Section 8, Ms. Doris Hill, and requested that a staff member contact you directly. Ms. Hill may also be reached at (803) 254-3886, Ext. 228.

If you have questions about the Medicaid program, please call Jennifer Lynch in Constituent Services at (803) 898-3965. I hope this information is helpful.

Sincerely,



Alicia Jacobs  
Deputy Director

AJ/cl