

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|-------------------|------------------------|
| TO <i>Ries</i> | DATE <i>8-30-06</i> |
|-------------------|------------------------|

| | |
|--|--|
| DIRECTOR'S USE ONLY | ACTION REQUESTED |
| 1. LOG NUMBER <i>000213</i> | <input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>9-7-06</i> |
| 2. DATE SIGNED BY DIRECTOR <i>Cleaned 9/15/06, 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 <small>(Only when prepared for director's signature)</small> | APPROVE | * DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small> | COMMENT |
|---|---------|--|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

COMMITTEES:
ARMED SERVICES
INTERNATIONAL RELATIONS
EDUCATION AND THE WORKFORCE
HOUSE POLICY

Congress of the United States
House of Representatives

August 29, 2006

Pos-Ries
"Roddy's Sign"

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)
ERIC DELL
CHIEF OF STAFF

RECEIVED

AUG 30 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Mr. Rudolph J. Endrenyi
SSN 251-02-2285

Dear Mr. Kerr,

I am writing to you on behalf of the above named constituent who has contacted me regarding Mr. Endrenyi who is in need of assistance. Enclosed is a copy of all correspondence for your perusal. Any assistance that you could offer would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,



JOE WILSON
Member of Congress

JW/jmc
Enclosure

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
MAILING ADDRESS: P.O. BOX 7391
COLUMBIA, SC 29202
(803) 939-0041
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
FAX: (202) 225-2455
E-MAIL: joe.wilson@mail.house.gov
WEBSITE: www.house.gov/joe/wilson

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. BOX 1538
BEAUFORT, SC 29901
(843) 521-2530
FAX: (843) 521-2535

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

MAY 15 2006

COUNTIES:
AIKEN*

ASSISTANT MAJORITY WHIP
COMMITTEES:
ARMED SERVICES
INTERNATIONAL RELATIONS
EDUCATION AND THE WORKFORCE
HOUSE POLICY

Congress of the United States House of Representatives

ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND**
(*PARTS OF)
ERIC DELL
CHIEF OF STAFF

Consent for Release of Personal Records by Executive Agencies

Name of Agency: Medicare Part D & Medicaid *4/15*
5-24-06

To whom it may concern:

I have sought assistance from Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

Andrzej F. Czerwinski 9-12-54
Name of Claimant- (Please Print) Date of Birth

810 Quinton Ricard Rd. Leesville, SC 29070
Address of Claimant

251-02-2285 VA Claim # or OPM # (if applicable)
Social Security Number

Disabled 803-892-5541
Telephone Number-Work Telephone Number-Home

Robert Czerwinski 5-10-06
Signature of Claimant Today's Date

Please briefly explain your concern: Medicaid is income based.
(use the back if necessary)

My wife and I do not qualify for assistance from any of the services I am 51 years old. Therefore, I do not qualify as a senior. I fall through a gap with every provider of services I have found. My wife is my optician and her attorney.

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
MAILING ADDRESS: P. O. BOX 7381
COLUMBIA, SC 29202
FAX: (803) 939-0041
FAX: (803) 939-0078

112 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
FAX: (202) 225-2452
FAX: (202) 225-2455
E-MAIL: joe.wilson@mail.house.gov
WEBSITE: www.house.gov/joe/wilson

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P. O. BOX 1538
BEAUFORT, SC 29901
(843) 521-2530
FAX: (843) 521-2535

I have a social worker from DSN and DSS and
Kingsport Medical Center. All have tried to find
help with housing, medicines, therapy, finances, ...
Janis and I always fall through. We have spent
money, many hours, sleep, months, and now going general
into a terrible extreme. In this we have found
ourselves helpless and at the mercy of others.
Sue, such as April have run into definite
dead ends also. We would greatly appreciate your time
and input.

With sincere appreciation;

Rudney + Janis Endersby



State of South Carolina
Department of Health and Human Services

213



Mark Sanford
Governor

Robert M. Kerr
Director

September 15, 2006

Rudy and Janis Endrenyi
810 Quinton Ricard Road
Leesville, South Carolina 29070

Dear Mr. and Mrs. Endrenyi:

Congressman Joe Wilson asked our agency to assist with your healthcare and daily living concerns.

You are on the urgent waiting list for a slot through Medicaid's Head and Spinal Cord Injury (HASCI) waiver program that is administered by the South Carolina Department of Disabilities and Special Needs. At the current waiting list rate, you may have a slot before the end of October.

You may also become eligible for Medicaid's Community Long Term Care (CLTC) Elderly or Disabled waiver program before the end of September. If so, you could transfer from CLTC into the HASCI program that may be more beneficial for your healthcare needs without a break in services. Enclosed is a handout outlining the different services offered by these two programs.

Also enclosed is a listing of community resources in Lexington County that may be able to assist with your financial and housing needs.

We will monitor your status on both the CLTC and HASCI waiting lists and keep you informed. If we may be of further assistance, please contact Denise Epps in Constituent Services at 803-898-2505.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Ries".

Gary Ries

Deputy Director

GR/jole



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

September 29, 2006

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for referring Rudy and Janis Endrenyi to our agency regarding their healthcare and daily living concerns.

Mr. Endrenyi is currently on a waiting list for Medicaid's Head and Spinal Cord Injury (HASCI) waiver program that is administered by the South Carolina Department of Disabilities and Special Needs. As a slot becomes available, Mr. Endrenyi's position will continue to advance and he may be assigned a slot as early as late October.

While he remains on the HASCI waiting list, Mr. Endrenyi may also qualify for eligibility under Medicaid's Community Long Term Care (CLTC) elderly or disabled waiver program by the end of September. If he is found eligible for CLTC services first and a HASCI slot becomes available later, he would transfer to the HASCI waiver program without a break in services.

We have shared this information with the Endrenyis and will keep them apprised of his status on both waiting lists. We also provided the Endrenyis with a list of community organizations that may be able to assist with their housing and financial needs.

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,

A handwritten signature in cursive script, appearing to read "R. M. Kerr".

Robert M. Kerr
Director

RMK/rjole



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Rudy and ~~Janis~~ Endrenyi
810 Quinton Ricard Road
Leesville, South Carolina 29070

Robert M. Kerr
Director

Dear Mr. and Mrs. Endrenyi:

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Sincerely,

Gary Ries
Deputy Director

GR/jole

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235

Handwritten notes:
I will be in the office on 10/15/11
I will be in the office on 10/15/11

Handwritten note:
Check in Denise's office once slot becomes available, can have full Medicaid.

Handwritten notes:
X end p
X end p
X end p
X end p
X end p

From: LeighAnn Pfannenstiel
To: Denise Epps
Date: 9/6/2006 9:27 AM
Subject: re: Rudolph Endrenyi

Melissa just called me back and she stated that she had spoken with Sherry Caldwell at their central office who informed her that Mr. Endrenyi is #62 on their urgent waiting list.

They have just been given 64 new slots, so they are anticipating him getting one within the month. However, it is not guaranteed. If someone comes from the hospital that needs the slot more than he does, then he would be bumped down.

The good thing is, it appears he will enter CLTC this month and can transfer over. Hope this helps!

>>> Denise Epps 9/6/2006 9:02 AM >>>
wonderful! the due date on this log letter is to have upstairs by tomorrow. thanks, denise

>>> LeighAnn Pfannenstiel 9/6/2006 8:57 AM >>>
I spoke with Mr. Endrenyi's DDSN Service Coordinator, Melissa Dillard (252-5179 #385). She stated that he is on the waiting list for the HASCI waiver, which he really needs over the ED Waiver with CLTC. She was going to check and see approx. wait time and let me know. She stated that they have been given more slots recently so she will see if that will help him get one sooner.

She also mentioned that if he goes into CLTC services first and his slot becomes available, then he can just roll over into the HASCI Waiver without a break in services.

I'll let you know more once I hear back from her. Thanks!

>>> Denise Epps 9/5/2006 12:16 PM >>>
wow, you are so smart in all this - one day, i hope to know 1/10th of what you know!
thanks, leighann.

>>> LeighAnn Pfannenstiel 9/5/2006 12:07 PM >>>
That is a Medicaid program, but it is through DDSN. I am pretty certain he is on their waiting list also, which is longer. Based on the message Connie Black, CLTC nurse, left me a message on Friday saying he meets skilled level of care, so services should be starting soon. I tried to call Connie this morning to find out an actual date services will be starting, but had to leave her a message. Will let you know when she calls me back.

I can try and get confirmation he is still on DDSN's list and let you know. He can go into CLTC Waiver soon and then later transfer to the DDSN HASCI Waiver when a slot is available. You may want to have someone contact DDSN also since Sen Wilson's office is inquiring, maybe it will help?? Thanks!

>>> Denise Epps 9/5/2006 10:48 AM >>>
i did speak with mr. endrenyi last Friday & he said what they really need is HASCI (sp.) is that through us or CLTC ?

>>> LeighAnn Pfannenstiel 9/1/2006 2:00 PM >>>
Denise,

My contact was out today, but I did speak with someone at the Regional office that checked for me and at least told me he is on the waiting list and that Connie Black is his Nurse case manager.

I also left a message for his CLTC Nurse case manager, Connie, that is assigned to assess him. If she is assigned to Mr. Endrenyi then that is a good sign that he is about to be taken off the waiting list and placed into services soon! I'll let you know when Connie calls me back. Hope this helps with your correspondence with Congressman Wilson. Thanks!

From: LeighAnn Pfannenstiel
To: Denise Epps
Date: 9/6/2006 8:57 AM
Subject: re: Rudolph Endrenyi

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AGENCY
DRAFT DUE GR

Jacobs
8/30/2006
9/6/2006

Wilson
Randolph J. Endrenyi

LOG LETTER DUE DATE
DATE REFERRED TO BC
9/7/2006
8/31/2006

Brief Description of Issue/Problem
He is 51 yrs old & falls through the gap with every public service program that's avail. His wife is his spokesperson & has power of attorney. Cong. Wilson has HIPAA release. They have spent much money & time trying to stay afloat from the medical bills, housing, therapy & financial costs. Need assistance.
Note: may also be contacted by Sen. DeMint re: Mr. Endrenyi.

| Date | Staff Person | Phone # | Action Taken |
|-----------|--------------|---------|--|
| 8/31/2006 | Jan | 8-2502 | Jacobs box |
| 8/31/2006 | Jill | 8-3936 | To Mark to distribute (4pm) |
| 9/1/2006 | Denise | 8-2505 | Rec'd log & let Mr. Endrenyi know I am researching. |
| 9/4/2006 | Denise | 8-2505 | State Holiday |
| 9/5/2006 | Denise | 8-2505 | LeighAnn Pfannenstiel was his EW when he applied for MAO WV in '06. She spoke with Mr. Endrenyi's DDSN Service Coordinator, Melissa Dillard (252-5179, Ext. 385). He is on the waiting list for the HASCI waiver. |
| 9/6/2006 | Denise | 8-2505 | Per Sherry Caldwell at their central office, Mr. Endrenyi is #62 on their urgent waiting list. They have just been given 64 new slots, so he could get one within the month; however, it is not guaranteed. If someone comes from a hospital that needs the slot more than he does, he would be bumped down. The good thing is, if appears he will enter CLTC in Sept. & can transfer. |
| 9/6/2006 | Denise | 8-2505 | Drafted response letters for LeighAnn's & Bob's review. |
| 9/7/2006 | Denise | 8-2505 | Per Mark, I called Endrenyi to inquire about their housing needs. They receive 2 disability cks that total \$1900 - they have never qualified for ABD House is in foreclosure but they have contacted every available resource - many people have tried to help. Ms. Endrenyi knows which organizations in Lexington County can help with what & when & has utilized their services on several occasions when appropriate. They have been offered 2 BR apts but they need a 3 BR because of Mr. Endrenyi's medical equipment & that's not possible on assistance programs when you're just 2 people. They do not qualify for Food Stamps because the income limit for 2 per month is \$1390. He has 29 Rx's & they are beyond "the gap" but so many of the Rx's/charges are being appealed so they've not gotten restitution for \$ spent on Rx's beyond \$5100. Sent her our Lex. Cty. resources as well as handout on CLTC & HASCI. Gave Mark revised letters. |

CHECKLIST

Family Size 2
Income/Resources 1,900.00

Programs:
ABD (32)
Foster Children (31,60)
General Hospital (14)

Other Resources:

| | |
|----------------------------|--|
| Communicare | |
| FQHCs | |
| Free Medical Clinics | |
| Medicare | |
| MIAP | |
| Prescription Drug Programs | |
| Social Security | |
| Together Rx | |

| | | |
|--------------------------|---------|--|
| HCBS | (15) | |
| LIF | (59) | |
| MBCCP | (71) | |
| Nursing Home | (10) | |
| OSS | (85,86) | |
| PHC | (88) | |
| Pregnant Women & Infants | (12,87) | |
| QMB | (90) | |
| SILVERxCARD | (92) | |
| SLMB | (48,52) | |
| SSI | (80) | |
| TEFRA | (57) | |
| Transitional | (11) | |
| Working Disabled | (40) | |

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/01/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 02 / 2006 THRU: ___ / ___ PAGE: 2 OF 3
HH NAME: RUDOLPH ENDRENYI HH NUMBER: 101111320

BG NUMBER: 69152678 WKR: LPPAN LEIGHANN PFANNENSTI ACTION TYPE: MAINTENANCE
CATEGORY: MAOWV ACTION DATE: 04/21/06

COUNTABLE BG MEMBERS: 1
COUNTABLE INCOME: 952.00
INCOME LIMIT: 0.00
POV-LVL: +.00 %

RECURRING INC: 0.00 TOTAL ALLOC: 0.00
COUNTABLE RESOURCES: 803.11
MEETS NON-FINANCIAL? (Y/N): _ RESOURCE LIMIT: 0.00
MEETS INCOME? (Y/N): _ HLTH INS PREM: 0.00
MEETS RESOURCES? (Y/N): _ ACT ON DECISION COMPLETE? (Y/N): Y
MEETS OTHER CONDITIONS? (Y/N): Y DECISION ACCEPTED DATE: 04/21/06
NEXT REVIEW DATE: 06/21/06
ANTICIPATED CLOSURE DATE: _____

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

004 Manual Closure

073 You have not been in a waiver or in an institution for 30 consecutive days.
ELIGIBILITY DECISION APPEALED? (Y/N) _ CONTINUE BENEFITS? (Y/N): _

APPEAL REQUEST DATE: _____ COUNTY DECISION UPHELD? (Y/N): _
UPDATED: USER ID: LPPAN DATE: 04/21/06 SYSTEM ID: ELD3000 DATE: 04/21/06

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/01/06
MEDSPROD BUDGET GROUP DETERMINATION ACTION:

BUDGET GROUP PERIOD START: 02/28/06 END:

PAGE: 1

HH NAME: ENDRENYI RUDOLPH

HH NUMBER: 101111320

BG NUMBER: 69152678

ACTION TYPE: MAINTENANCE

BG STAT: DENIED

WKR: LPPFAN

LEIGHANN PFANNENSTI ACTION DATE: 04/21/06

BUDGET GROUP COUNT: 2

BGM

| S | RCP NAME | A/NA | REL | AGE | STA | REASON | EXCL | SANCTION |
|---|------------------|------|--------|-----|-----|--------|------|----------|
| - | ENDRENYI RUDOLPH | A | SELF | 51 | I | 004 | | |
| - | ENDRENYI JANIS | NA | SPOUSE | 50 | | 004 | | |

RETRO MONTHS REQUESTED(Y/N): N

WITHDRAW BUDGET GROUP(Y/N): N

UPDATED: USER ID: LPPFAN DATE: 04/21/06 SYSTEM ID: ELD3000 DATE: 04/21/06
ME904660 BUDGET GROUP INFORMATION FOUND

PF1->HELP PF2->ADD BG MBR PF4->REFRESH PF7->PREV PF8->NEXT PF10->PREV MENU

PF11->HH MBRS PF14->RECIPIENT INFO PF17->ELD00 PF21->HIST- PF22->HIST+

EDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/01/06
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 02/28/06 END:

NAME: ENDRENYI RUDOLPH HH NAME: ENDRENYI RUDOLPH
 RCP NUMBER: 7780574615 HH NUMBER: 101111320 ACTION TYPE: MAINTENANCE
 SSN: 251-02-2285 VC: V APL STATUS: ACTION DATE: 03/09/06

APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:

DOB: 09/12/1954 AGE: 51 SC RES(Y/N): Y QUESTIONABLE(Y/N): N
 DOD: MEDICARE COVERAGE(Y/N): Y 251022285A

SEX: M MALE RACE: 01 WHITE SS CLAIM NUMBER(Y/N): Y 251022285A

REL: SFL SELF RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE: LTV ARRANGEMENT: HOME HOME

MARITAL STATUS: M MARRIED PROVIDER NAME:

STUDENT STATUS: N N GRADE: ADMISSION DATE:

PREGNANT(Y/N): N EDC: # DATE OF DISCHARGE:

BLIND/DISABLED(Y/N): Y RSP(Y/N): Y CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET: 12/01/1984 VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N): N

VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): N UNEARNED INC(Y/N): Y

US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: G

US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): N

UPDATED: USER ID: LPFAN DATE: 03/09/06 SYSTEM ID: IEV7200 DATE: 05/14/06

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO

15>EINC 16>UINC 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

*MEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/01/06
MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: ENDRENYI RUDOLPH ACTION TYPE: MAINTENANCE
HH NUMBER: 101111320 APL STATUS: _____ ACTION DATE: 03/09/06

PAGE: 0001

| S | BG | NUMBER | CATEGORY | WORKER | CNTY | LOC | REVIEW | LAST | BG |
|---|----|----------|----------|--------|------|-----|------------|--------|--------|
| S | | | | | | | DATE | REVIEW | STATUS |
| | | 69152678 | MAOWV | LPFAN | 47 | 065 | 06/21/2006 | | DENIED |

UPDATED: USER ID: LPFAN DATE: 03/09/06 SYSTEM ID: HMS5000 DATE: 03/09/06
 ME904675 HOUSEHOLD BUDGET GROUPS FOUND
 PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION
 PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->EID00

EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/01/06
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: ENDRENYI RUDOLPH ACTION TYPE: MAINTENANCE
HH NUMBER: 101111320 APL STATUS: ACTION DATE: 03/09/06
APPL EFFECTIVE DATE: 02/28/2006 WORKER: LPEFAN LEIGHAN PFANNENSTIEL
MAIL IN(Y/N): Y

APPLICANT'S COUNTY: 32 LEXINGTON WORKER'S COUNTY: 47 STATE OFFICE
COURTESY APPLICATION(Y/N): N
MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH
810 QUINTON RICARD RD REASON FOR APPLICATION:

LEESVILLE SC 29070- ADULT WITH CHILDREN(Y/N): N
RESIDENCE ADDRESS: CHILDREN 1 AND OVER(Y/N): N
INFANTS UNDER AGE 1(Y/N): N
PREGNANT(Y/N): N
BLIND/DISABLED(Y/N): Y

PHONE: H: 803-892-5541 W: SC - - LIMITED DATA COLLECTION: 00 NONE
UPDATED: USER ID: LPEFAN DATE: 03/09/06 SYSTEM ID: HMS5000 DATE: 03/09/06
FIRST SIGNATURE OBTAINED(Y/N): Y
WITHDRAW APPLICATION(W/C/N): N
ME900049 HOUSEHOLD RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES
PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/01/06
MEDSPROD MEMBER PERIOD START: 02/28/06 END: ACTION:
PAGE: 0001

NAME: ENDRENYI RUDOLPH HH NAME: ENDRENYI RUDOLPH
RCP NUMBER: 7780574615 HH NUMBER: 101111320 ACTION TYPE: MAINTENANCE
SSN: 251-02-2285 VC: V APL STATUS: ACTION DATE: 03/09/06
PRIMARY INDIVIDUAL: APL CO: 32 WORKER ID: LPPAN LOCATION: 065
810 QUINTON RICARD RD

LEESVILLE SC 29070-
CORRECT RCP NUMBER: _____ LTV ARRANGEMENT: HOME INCOME TRUST:

BG BEG END PROVIDER:
S NUMBER ELIG ELIG PCAT QCAT TYPE IND IND % OF POV CHIP
LEVEL NUMBER

UPDATED: USER ID: LPPAN DATE: 03/09/06 SYSTEM ID: SVE3000 DATE: 03/11/06
ME900063 RECIPIENT RECORD FOUND
PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

803-892-5541