

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Myers/Bur. Director</i>	<i>10-3-08</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000191</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Emma Jenkins</i>	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> I FOIA DATE DUE _____
	<input checked="" 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.			

# South Carolina

Department of Parks, Recreation & Tourism

Mark Sanford  
Governor

Chad Prosser  
Director

**RECEIVED**

OCT 03 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

September 26, 2008

Emma Forker, Director  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202

Ms. Forkner:

This letter is in response to your request for information related to the Prevention Partnership Activities Inventory/Clearinghouse. As requested, I am attaching a copy of forms that outline the Prevention Project or Healthy Lifestyle activities that we have provided for employees at Department of Parks, Recreation and Tourism. Please do not hesitate to contact our agency if you have any questions are need further information. You may direct any future questions or inquiries to Pamela Benjamin, Human Resources Director at (803) 734-0113.

Sincerely,

*Chad Prosser*  
Chad Prosser, Director

South Carolina Department of Parks, Recreation & Tourism



11/07

**Prevention Partnership Clearinghouse**  
**For**  
**Prevention and Healthy Lifestyle Activities**

1. Reporting Agency: SCPLT
2. Name of Prevention Project: Flu shots
3. Partners Involved in the Project: Palmetto Health Works
4. Funding Source(s): participant paid
5. Total Amount of Funding Year: \$
6. Duration of Project: one day
7. Expense Breakdown, including administrative costs: none - agency benefits administrator scheduled appts + meeting space  
(A detailed budget can be attached)
8. Targeted Audience/Customers: all Columbia area employees
9. Actual Number of Recipients Served through this project: 25
10. Outcomes Expected and/or Received: greater than anticipated participation
11. Any additional information: \_\_\_\_\_

Contact Person: Kimberly Jones  
Phone Number: 734-0118 Fax Number: 734-6719  
Today's Date: 9/22/2008

Please complete one form for each Prevention Project or Healthy Lifestyle Activity supported by your agency. Additional descriptive information can be attached. Responses needed by Friday, September 26, 2008.

Submit this information to:

Department of Health and Human Services  
Attn: Ms. Marla Riley  
Division of Medical Support Services  
Post Office Box 3206  
Columbia, South Carolina 29202-8206  
Fax Number: (803) 255-8232

Prevention Partnership Clearinghouse  
For  
Prevention and Healthy Lifestyle Activities

1. Reporting Agency: SCPT
2. Name of Prevention Project: mobile mammography
3. Partners Involved in the Project: Dep. of Natural Resources
4. Funding Source(s): Participant paid
5. Total Amount of Funding/Year: \$
6. Duration of Project: One day
7. Expenditure Breakdown, including administrative costs: non-agency  
BA scheduled appts  
(A detailed budget can be attached)
8. Targeted Audience/Customers: Female Columbia area employees
9. Actual Number of Recipients Served through this project: 8
10. Outcomes Expected and/or Received: very low turnout
11. Any additional information: \_\_\_\_\_

Contact Person: Kimberly Jones  
Phone Number: 734-0112 Fax Number: 734-6719  
Today's Date: 9/22/2008

Please complete one form for each Prevention Project or Healthy Lifestyle Activity supported by your agency. Additional descriptive information can be attached.  
Responses needed by Friday, September 26, 2008.

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Division of Medical Support Services  
Post Office Box 3206  
Columbia, South Carolina 29202-8206  
Fax Number: (803) 255-8232

6/08

Prevention Partnership Clearinghouse  
For  
Prevention and Healthy Lifestyle Activities

1. Reporting Agency: SCPH-T
  2. Name of Prevention Project: Worksite health screening
  3. Partners Involved in the Project: EIP Prevention Partners Secretary of State's Office
  4. Funding Source(s): Participant paid
  5. Total Amount of Funding/Year: \$
  6. Duration of Project: one day
  7. Expense Breakdown, including administrative costs: none-agency  
BA scheduled appts + meeting space  
(A detailed budget can be attached)
  8. Targeted Audience/Customers: all Columbia area employees
  9. Actual Number of Recipients Served through this project: \_\_\_\_\_
  10. Outcomes Expected and/or Received: average response.
  11. Any additional information: \_\_\_\_\_
- Contact Person: Kimberly Jones  
Phone Number: 734-0112 Fax Number: 734-6719  
To day's Date: 9/22/2008

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