


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>1-16-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000364</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>1-25-08</i>
2. DATE SIGNED BY DIRECTOR <i>Cleared 1/24/08, 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 (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



RECEIVED

JAN 16 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

House of Representatives
State of South Carolina

J. Roland Smith

District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

Committees:

Ethics, Chairman
Ways and Means
Ways and Means Budget and Finance
Ways and Means Property Tax
Ways and Means Public Education and
Special Schools Subcommittee, Chairman
School Bus Specification Committee

519-B Blatt Building
Columbia, SC 29211

Tel. (803) 734-3114

January 15, 2008

Ms. Emma Forkner, Director
SC Dept. of Health and Human Services
P. O. Box 8206
Columbia, SC 29202

RE: Ms. Kim M. Klarides, P. O. Box 1183, Langley, SC 29834
Telephone Number: 803-341-4275

Dear Ms. Forkner:

I am writing this letter on behalf of a constituent, Ms. Kim M. Klarides. Ms. Klarides has been to numerous areas attempting to receive medical assistance regarding her health problem and has been unsuccessful because she does not have health insurance.

I would appreciate it if you would review the enclosed information and determine if Ms. Klarides qualifies for Medicaid assistance. She is in serious need of surgery in order to improve her health condition.

Thank you for your assistance in this matter. Please let me know if you need any additional information.

Sincerely,

J. Roland Smith

J. Roland Smith

JRS/dks/2008jan15-2

Enclosure

CLAIMANT: 054-58-7717 KIM MARIE KLARIDES

Mr. Campbell
648-2356

KIM MARIE KLARIDES
P O BOX 1183
LANGLEY, SC 29834

APPLICATION SUMMARY FOR SUPPLEMENTAL SECURITY INCOME

On December 26, 2007, you applied for Supplemental Security Income and any federally administered State supplementation under title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under title XIX of the Social Security Act. We have stored your application electronically in our records.

What You Need To Do

- o Review this summary to ensure we recorded your statements correctly.
- o If you agree with all your statements, you should keep this summary for your records.
- o If you disagree with any of your statements, you should contact us within 10 days after the date of this summary to let us know.

o IDENTIFICATION

My name is KIM MARIE KLARIDES. My social security number is 054-58-7717.
My date of birth is August 6, 1965.

I have not used any other social security number(s).

I have used the following name(s): KIM MARIE DIGIROL, KIM M BOND and KIM M DIGIROL.

I am not blind.

I am disabled. My disability began on November 8, 2007.

I was not disabled prior to age 22.

I am a United States citizen by birth.

I never lived outside the United States.

I have been in the United States at all times since November 3, 2007.

I am married to JOHN THEODORE KLARIDES.

o FUGITIVE FELON AND PAROLE OR PROBATION VIOLATION INFORMATION

The following statements describe my fugitive felon/parole or probation violator status as of December 3, 2007.

I have not been accused or convicted of a felony or an attempt to commit a felony.

I am not on parole or probation under Federal or State law.

o LIVING ARRANGEMENTS

The following statements describe my living arrangements as of December 1, 2007.

I began living at 2913 HWY 421, LANGLEY, SC 29834 on October 1, 2000.

I live in a house/apartment/mobile home/houseboat.

I do not get help or money from any person not living with me or any agency to pay for food, rent, mortgage payments, property insurance, property taxes, heating fuel, gas, electricity, garbage removal, water or sewerage.

The household consists of the following people:

NAME	RELATIONSHIP	AGE OR BIRTHDATE	BLIND OR DISABLED	MARRIED	STUDENT
K KLARIDES	Claimant	08/06/1965	Yes		No
M WATERS	Non-Relative	07/10/1957	No	No	No

Not all of the people I live with get public assistance.

MARK WATERS owns or is buying the home where I live.

The mortgage is \$870.00 monthly.

I have an agreement to pay back the people I live with for my share of the household expenses. We are going to figure out what I owe later and I am going to pay it out of my SSI or other income.

There have not been any changes in my living arrangements.

I do not expect these arrangements to change.

o RESOURCES

This report of resources is valid for any and all SSI claims in which I am involved.

I do not own any type of resource.

o INCOME

CLAIMANT: 054-58-7717 KIM MARIE KLARIDES

This report of income is valid for any and all SSI claims in which I am involved.

I do not receive any type of income.

o ELIGIBILITY FOR OTHER BENEFITS

I have never worked for the railroad, a Federal, State or local government, or an employer with a pension plan. I never belonged to a union with a pension plan. I have never been in the military service or done work that was covered under the Social Security system or a pension plan of a country other than the United States.

Also, I am not eligible for any other benefits because of the work experience of my parents, spouse, or former spouse.

I currently get food stamps.

o MEDICAID

You may be eligible for Medicaid. However, you must help your State identify other sources that may pay for medical care. Also, you must give information to help the State get medical support for any child(ren) who are your legal responsibility. This includes information to help the State determine who a child's father is.

If you want Medicaid, you must agree to allow your State to seek payments from sources, such as insurance companies, that are available to pay for your medical care. This includes payments for medical care for you or any person who receives Medicaid and is your legal responsibility. The State cannot provide you Medicaid if you do not agree to this Medicaid requirement. If you need further information, you may contact your Medicaid agency.

o MEDICAL ASSISTANCE

I agree that any payments from sources responsible for paying for medical care will go to the State if Medicaid already has paid for this care.

I do not have any private, group or government health insurance that pays the cost of my medical care.

o PERMISSION TO CONTACT FINANCIAL INSTITUTIONS FOR KIM MARIE KLARIDES

We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask to financial institutions for this information whenever we think it is needed to decide if you are eligible or if you continue to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you notify us in writing that you are canceling your permission, (2) your application for SSI is denied in a final decision, or (3) your eligibility for SSI terminates. If you do not give or cancel your permission you will not be eligible for SSI and we will deny your claim or stop your payments.

I give SSA permission to contact any financial institution and request any financial records that financial institution may have about me.

IMPORTANT REMINDER

Penalty of Perjury

You declared under penalty of perjury that all the information on this summary is true and correct to the best of your knowledge. Anyone who knowingly gives a false or misleading statement about a material fact in an application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

IMPORTANT INFORMATION--PLEASE READ CAREFULLY

You must report any change within 10 days after the end of the month it occurs. If you don't, a penalty amount may be deducted from your benefit.

We will check your statements and compare our records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.

We will process this application for Supplemental Security Income as quickly as possible. If you have trouble getting any information or records we have asked for, please contact us and we will help you.

You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if we need more information. If you do not get a check or a notice by then, please get in touch with us.

If you have a question or something to report, call (____) _____ and ask for _____ . If you call or visit our office, please have this summary with you. For general information about Social Security, visit our web site at www.socialsecurity.gov on the Internet.

You may visit or write to the Social Security Office at:

SOCIAL SECURITY
151 CORPORATE PKWY SE
AIKEN SC 29803

REPORTING RESPONSIBILITIES FOR SUPPLEMENTAL SECURITY INCOME

The amount of a Supplemental Security Income check is based on the information told to us. You must tell Social Security every time there is a change while we process this application AND if you start receiving Supplemental Security Income.

Remember, a change may make the SSI monthly payment bigger or smaller. Report changes in income of your ineligible spouse who lives with you, or your sponsor or sponsor's spouse if you are an alien. You must also report changes in things of value that these people own. Report changes in income, school attendance and marital status of ineligible children who live with you.

CLAIMANT: 054-58-7717 KIM MARIE KLARIDES

You must tell us about any change within 10 days after the month it happens. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks.

HOW TO REPORT CHANGES FOR SUPPLEMENTAL SECURITY INCOME

You can make your reports by telephone at the telephone number shown or you may report in person or by mail at the address shown. Always give the Social Security number when writing or telephoning us. If you have any questions, we will be glad to help you. See "Changes to Report for Supplemental Security Income".

CHANGES TO REPORT FOR SUPPLEMENTAL SECURITY INCOME

WHERE YOU LIVE -- You must report to Social Security if:

- o You move.
- o You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
- o You are no longer a legal resident of the United States.
- o You leave the United States for 30 days or more.
- o You are admitted to, for a calendar month or longer, or released from a hospital, nursing home, prison or other institution.

HOW YOU LIVE -- You must report to Social Security:

- o If someone moves into or out of your household.
- o If the amount of money you pay toward household expenses changes.
- o Births and deaths of any people with whom you live.
- o Your marital status changes:
 - You get married.
 - Your marriage ends in divorce or is annulled.
 - You separate from your spouse or start living together again after a separation.
 - You begin living with someone as husband and wife.
 - Your spouse or former spouse dies.

INCOME -- You must report to Social Security if:

- o The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- o You start work or stop work.
- o Your earnings go up or down.
- o You become eligible for benefits other than SSI.

HELP YOU GET FROM OTHERS -- You must report to Social Security if:

- o The amount of help (money, food or payment of household expenses) you receive goes up or down.
- o Someone stops helping you.
- o Someone starts helping you.

THINGS OF VALUE THAT YOU OWN -- You must report to Social Security if:

- o The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and living with your spouse).
- o You sell or give any things of value away.
- o You buy or are given anything of value.

YOU ARE BLIND OR DISABLED -- You must report to Social Security if:

- o Your condition improves or your doctor says you can return to work.
- o You go to work.

IF A WARRANT HAS BEEN ISSUED FOR YOUR ARREST -- You must report to Social Security if:

- o You have a felony warrant for your arrest.
- o You have a Federal or State warrant for a parole or probation violation.

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I am not blind.

I am disabled. My disability began on November 8, 2007.

I was not disabled prior to age 22.

I am a United States citizen by birth.

I never lived outside the United States.

I have been in the United States at all times since November 3, 2007.

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M WATERS	Non-Relative	07/10/1957	No	No	No

Not all of the people I live with get public assistance.

MARK WATERS owns or is buying the home where I live.

The mortgage is \$870.00 monthly.

I have an agreement to pay back the people I live with for my share of the household expenses. We are going to figure out what I owe later and I am going to pay it out of my SSI or other income.

There have not been any changes in my living arrangements.

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- o You are no longer a legal resident of the United States.
- o You leave the United States for 30 days or more.
- o You are admitted to, for a calendar month or longer, or released from a hospital, nursing home, prison or other institution.

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- o You have a Federal or State warrant for a parole or probation violation.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

January 24, 2008

The Honorable J. Roland Smith
South Carolina House of Representatives
Post Office Box 142
Columbia, South Carolina 29202-0142

Dear Representative Smith:

Thank you for writing our agency on behalf of Ms. Kim M Klarides regarding her application for Supplemental Security Income (SSI) and assistance with her healthcare needs.

We were unable to reach Ms. Klarides by telephone so we responded in writing and encouraged her to contact us. Medicaid benefits are available automatically to those who qualify for SSI. We also provided her with information on a variety of healthcare programs that may be able to assist her.

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, reading "Emma Forkner".

Emma Forkner
Director

EF/jcodl

#284



#304

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Bonnie Fackner
Director

January 24, 2008

Ms. Kim M. Klarides
Post Office Box 1183
Langley, South Carolina 29834

Dear Ms. Klarides:

Representative Roland Smith asked our agency to assist you with your concerns about Supplemental Security Income (SSI) and other healthcare needs.

We attempted to contact you by telephone at (803) 341-4275, but were unable to leave a message. If you will contact Bob Liming at (803) 898-2621, he will be glad to address any specific questions you may have about Medicaid eligibility.

You have applied for SSI through the Social Security Administration (SSA). Medicaid benefits are available automatically to those who qualify for SSI. SSA will review your claim and determine your eligibility based on their policy requirements and regulations. To inquire about the status of your application with Aiken County SSA please call (803) 648-2356 between 9:00 a.m. - 4:00 p.m.

Enclosed is information on several programs and organizations that can assist residents in South Carolina with healthcare services and prescription medication needs. Please call the contact numbers on each for more information about their services.

I hope this information proves helpful.

Sincerely,

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

Alicia Jacobs
Interim Deputy Director

AJ/codl
Enclosures

