

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>8-14-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1000093</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>8-21-08</i>
2. DATE SIGNED BY DIRECTOR <i>Cleared 8/27/08, 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.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:
ARMED SERVICES
EDUCATION AND LABOR
FOREIGN AFFAIRS
HOUSE POLICY

Congress of the United States
House of Representatives

August 13, 2008

RECEIVED

AUG 14 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANBERGURG*
RICHLAND*

DINO TEPPARA
CHIEF OF STAFF
AND COUNSEL

Ms. Emma Forkner
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Mr. Sonnie Maurice Trapp
SN 248-13-9060

Dear Ms. Forkner,

I am writing to you on behalf of the above named constituent who has contacted me regarding assistance with his medication. 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
(803) 939-0041
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
FAX: (202) 225-2455
www.joewilson.house.gov

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

TOLL FREE 1-888-381-1442

AUG 11 2008

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

* ASSISTANT REPUBLICAN WHIP

COMMITTEES:
ARMED SERVICES
EDUCATION AND LABOR
FOREIGN AFFAIRS
HOUSE POLICY

Congress of the United States House of Representatives

COUNTIES:

- AIKEN*
- ALLENDALE
- BARNWELL
- BEAUFORT
- CALHOUN*
- HAMPTON
- JASPER
- LEXINGTON
- ORANGEBURG*
- RICHLAND*
- (*PARTS OF)

DINO TERPARA
CHIEF OF STAFF
AND COUNSEL

Consent for Release of Personal Records by Executive Agencies

Name of Agency: SSA / WHS - Se

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.

08-17-1959

SANNIE MAURICE TRAPP
Name of Claimant- (Please Print) _____
Date of Birth _____

133 STANFORD Street
Address of Claimant _____
Columbia, S.C. 29203
City _____ State _____ Zip _____

248-13-9060
Social Security Number _____
Work # _____ City _____ State _____ Zip _____
MEDICAL # 248-13-9060-1
X MRBDCR # 248-13-9060-1
VA Claim # of OPM # (if applicable) _____
VA Claim # of OPM # GOLD CHOKE
ISSUED 2/17/05 GP# P135001A

803-260-1606
Telephone Number- Home _____
Telephone Number- Work 1.D. H 500 30177

Sannie Maurice Trapp
Signature of Claimant _____
Used: CINJWA
Today's Date Aug 07, 08

** CONVOY TALK
Please briefly explain your concern: Sannie Maurice Trapp do

(use the back if necessary)
Needing quite Congressional justification and his report/ reports
permission to investigate my files in what severer fashion
to determine eligibility with any applicable programs.
to help me. In 1972 I was employed by Hollis Construction Co
in Columbia's S.C. My job was ~~building~~ pouring concrete from

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2 concrete truck and jacks forms setup on the ground to some as building foundations. The truck I was working with stopped running. In an effort to fix the truck and to start it up I was pouring gasoline into the carburetor with the engine not running. Someone turned the engine starter on and the engine blew up. I was caught in the explosion and thrown some 10' from the truck. I suffered second degree burns on the right side of my body, face, back. From here I was taken to the Richard Memorial Hospital to the Burn Unit. I was unconscious. Six weeks later, I woke up paralyzed on my right side (my visible side), blind in one eye, deaf in one ear, and unable to talk — except to utter several words like "OK Lord!" This was approximately ~~the~~ summer of 1972. Since this time I have been totally disabled. My then wife left me on May 3, 1976 taking my 4 children with her. I have not seen them but 2 times since.

Please know that I would rather be of good health and working. I have since lost my right leg (2004) and remain paralyzed in my right hand & arm. I have learned however how to talk and am able to communicate in most instances.

Please include Cliff Judy with any information you find to share with.

Thank you.

X Samuel M. TRAPP

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/14/08
 MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 06/22/02 END:

PAGE: 0001

NAME: TRAPP SONNIE M

HH NAME: TRAPP SONNIE M

RCP NUMBER: 7721654901

HH NUMBER: 100730684

ACTION TYPE: MAINTENANC

SSN: 248-13-9060 VC: V

APL STATUS:

ACTION DATE: 10/24/02

PRIMARY INDIVIDUAL:

APL CO: 40

WORKER ID: CREYN

LOCATION: 077

156 STANFORD ST

SSCN: 248139060A

RRN:

RACE: 02

SEX: M

MARITAL STATUS: D

TPL:

RSP: 0

RELATION: SELF

DOB: 08/17/1959

DOD:

CORRECT RCP NUMBER:

SC 29203-

LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	SPONSOR
S NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL
77216549	08/01/1998	07/01/2002	49	50		N		.00
77216549	02/01/1995	08/01/1998	32	50		Y		.00
	01/01/1993	02/01/1995	32					.00
	07/01/1992	01/01/1993	80					.00

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: CNV1010 DATE: 10/24/02

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



State of South Carolina
Department of Health and Human Services

Log # 0093

Mark Sanford
Governor

Emma Forkner
Director

August 27, 2008

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 contacting our agency on behalf of Mr. Sonnie M. Trapp concerning his healthcare needs and Medicaid eligibility.

We were unable to reach Mr. Trapp by telephone so we responded in writing and provided him with contact information and an overview of the Medicaid program. We also sent him material on speech programs and information on organizations that may assist individuals with their prescriptions, inpatient hospitalization and daily living needs.

We appreciate 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,

Handwritten signature of Emma Forkner in cursive script.

Emma Forkner
Director

EF/jcoll



State of South Carolina
Department of Health and Human Services

Copy # 0093

Mark Sanford
Governor

Emma Fortner
Director

August 26, 2008

Mr. Sonnie M. Trapp
133 Stanford Street
Columbia, South Carolina 29203

Dear Mr. Trapp:

Congressman Joe Wilson contacted our agency on your behalf regarding your concerns about speech therapy and your healthcare needs. We attempted to contact you by telephone at (803) 260-1606, but were unable to reach you.

Medicaid eligibility is based on both federal and state financial and categorical requirements. We have enclosed an overview of the Medicaid program. If you would like to apply for Medicaid, please contact the Richland County Office at (803) 714-7562. If you have any questions about the Medicaid program and eligibility requirements, please contact Bob Liming at (803) 898-2621.

We have also enclosed some contact information on speech programs available at the Medical University of South Carolina in Charleston and the University of South Carolina in Columbia, as well as, material on programs that can assist South Carolina residents with their healthcare and daily living needs. We hope this information is helpful to you.

Sincerely,

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

Alicia Jacobs
Acting Deputy Director

AJ/coll
Enclosures