


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>1-16-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101292</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved disfile, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-15-10</i> <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.			

01/06/2010 12:14 FAX 8039330957

SEN. L. GRAHAM COLA

001

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

UNITED STATES SENATE Fax Transmittal Sheet

RECEIVED

TO: Emma Forkner

JAN 06 2010

FROM: Sara Snell

Department of Health & Human Services
OFFICE OF THE DIRECTOR

DATE: 1-6-09

COMMENTS: Please see the attached- the Senator
has already contacted SSA on behalf of the Cooks, as
well. Thank you.

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 HARRINGTON SYCAMORE
SUITE 202
COLUMBIA, SC 29201
(803) 933-0112

401 WEST EVANS STREET
SUITE 220B
FLORENCE, SC 29501
(843) 669-1505

101 EAST WASHINGTON STREET
SUITE 220
GREENVILLE, SC 29601
(864) 260-1417

630 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 849-3697

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 396-2828

135 EAGLES NEST DRIVE
SUITE B
SENECA, SC 29678
(864) 898-3330

01/06/2010 11:10AM

LINDSEY O. GRAHAM
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-8972

UNITED STATES SENATE

January 5, 2010

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

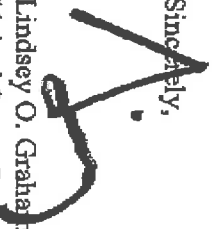
RE: James B. Cook
2111 Eutaw Road
Holly Hill, SC 29059
SSN: 253-56-5273

Dear Ms. Forkner:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, James B. Cook, I am sending this correspondence to your attention.

Thank you for your attention to this matter, and I ask that you please respond directly to Mr. Cook.

Sincerely,


Lindsey O. Graham
United States Senator

LOG/ss

Enclosure

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 333-0112

401 WEST EVANS STREET
SUITE 111
FLORENCE, SC 29501
(843) 689-1505

130 SOUTH MAIN STREET
SUITE 700
GREENVILLE, SC 29601
(864) 250-1417

830 JOHNNIE POODS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29404
(843) 849-3007

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 316-2628

124 EXCHANGE STREET
SUITE A
PENDLETON, SC 29870
(864) 646-4030

01/06/2010 11:10AM

~~LINSEY~~ O. GRAHAM
SOUTH CAROLINA



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

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: James Cook Phone: 803-496-5703

Address: 211 Eutaw Rd

City: Holly Hill State: SC Zip: 29054

Social Security Number: 253-56-5213 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).

Sen. Graham, I would like to know why sb. took \$110.00 out of my check each month. It is very hard for me to make ends meet as is, I also have a lot of doctor bills to pay for. I can not afford to lose the money each month. I need it to help pay my bills. Please help me get my medicine back to. Signed James Cook Date: Dec, 31, 09 (over and back)

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 225B
FLORENCE, SC 29501
(843) 689-1506

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

530 JOHANNIE DODGE BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 849-8887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 366-2629

135 EAGLES NEST DRIVE
SUITE B
SEWCA, SC 29679
(864) 889-3320

Thank you in every way possible

Thank you
James E. Cox
Daughter: Annette Cook Reynolds

LINDSEY O. GRAHAM
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING
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

RE: Delena Cook
2111 Eutaw Road
Holly Hill, SC 29059
SSN: 248-70-2079

Dear Ms. Forkner:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, Delena Cook, I am sending this correspondence to your attention.

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

Sincerely,

A stylized handwritten signature of Lindsey O. Graham, appearing as a large, bold 'L' followed by a horizontal line and a small flourish.

Lindsey O. Graham
United States Senator

LOG/ss

Enclosure

808 HAMPTON STREET
Suite 202
Columbia, SC 29201
(803) 928-0112

401 WEST EVANS STREET
Suite 111
Florence, SC 29501
(843) 669-1905

130 SOUTH MAIN STREET
Suite 700
Greenville, SC 29601
(864) 250-1417

530 JOHNNIE DODGE BOULEVARD
Suite 202
Mount Pleasant, SC 29464
(843) 849-5887

140 EAST MAIN STREET
Suite 110
Rock Hill, SC 29730
(803) 386-2828

124 EXCHANGE STREET
Suite A
Pendleton, SC 29870
(864) 646-4090

01/06/2010 11:10AM

LINDSEY O. GRAHAM
SOUTH CAROLINA
JAN 04 2010
 SENATE OFFICE BUILDING
 WASHINGTON, DC 20510
 (202) 224-5572

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: Delena Cook Phone: 803-496-5703

Address: 2111 Eufaula Rd

City: Holly Hill State: SC Zip: 29059

Social Security Number: 248-70-2079 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).

Dear Mr. Graham, I would like to know why S.S. took \$1100.00 out of my check each mth. it is very hard for me to make ends meet as is, I also have a lot of doctor bills to pay, because of my cancer I can not afford to lose that money with. I need it to help pay my bills. Please help me get it back. Signed Delena Cook Date: Dec. 31. 09 (on back)

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 this 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 222B
 FLORENCE, SC 29501
 (843) 663-1505

101 EAST WASHINGTON STREET
 SUITE 220
 GREENWICH, SC 29601
 (804) 250-1417

630 JOHNSON DODDS BOULEVARD
 SUITE 202
 MOUNT PLEASANT, SC 29424
 (843) 643-3867

140 EAST MAIN STREET
 SUITE 110
 ROCK HILL, SC 29730
 (803) 266-2836

135 EAGLES NEST DRIVE
 SUITE 8
 STANLEY, SC 29678
 (804) 850-3330

Please help me get my Medicine
Back. I thank you in every
possible way.

Thank you
Dolores M. Cook
Daughter; Annitta Cook Reynolds

Log 0299

January 15, 2010

Mr. and Mrs. James B. Cook
2111 Eutaw Road
Holly Hill, South Carolina 29059

Dear Mr. and Mrs. Cook:

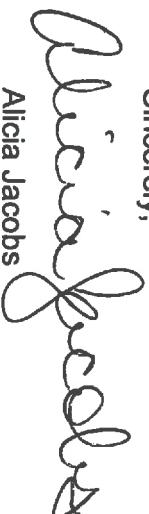
United States Senator Lindsey Graham asked our agency to assist with your questions and concerns regarding Medicaid eligibility and your Medicare Part B premium payment.

You were both part of the Qualifying Individual (QI) program that paid your Medicare Part B premium. This program provides coverage through December 31 of the calendar year and requires that individuals re-apply each year.

Our records indicate you applied for the QI program on December 22, 2009. We cannot make an eligibility decision until we receive verification of your life insurance policies. Your eligibility worker, Ms. Ruth Vazquez, mailed you a letter on January 12, 2010, requesting this information be returned by February 2, 2010. It is very important that you return this information as quickly as possible. Please call Ms. Vazquez at (803) 898-8838 if you have any questions regarding the requested documentation. Once this information is received, you will be notified of the eligibility decision.

If you have questions about the Medicaid program, please contact Sheila Chavis in Constituent Services at (803) 898-2707. We hope this information is helpful.

Sincerely,



Alicia Jacobs
Deputy Director

AJ/clc