

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>10/24/06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER 000324	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10/30/06</i>
2. DATE SIGNED BY DIRECTOR <i>Claudia 10/30/06, 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 (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 MAJORITY WHIP

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

Congress of the United States House of Representatives

October 23, 2006

RECEIVED
OCT 24 2006

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

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Ms. Heather Jumper for children

Dear Mr. Kerr,

I am writing to you on behalf of the above named constituent who has contacted me regarding programs that would assistance her and her children. Enclosed is a copy of Ms. Jumper's letter further explaining her concerns. 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 7381
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/joewilson

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

October 13, 2006

Congressmen Joe Wilson

I Heather Jumper give permission to Joann Coefield the right to obtain my personnel information. I am releasing this information because I'm a single parent needing help in providing for my two children. I am a school bus driver for Lexington school district four and just recently had to give up my second job. The only other income I receive is child support from their father. I am having a hard time making ends meet to provide them with the things they need. For the past year I have been working two jobs and it has become a struggle for me because my children need me at home to help them with school work. Both of my children are ADHD and ADD. They receive special services within the school and it has helped my six year old a lot. I had assistance with DSS in receiving Food Stamps but that is the only thing that I qualified for. I would like to know if there is any type of assistance out there that I don't know about or that I qualify for being a low income family. I have seen people cheating the system in getting help they don't need and it kills me to know that single parents like me who need the help don't get it.

Below is the following information you probably need.

Heather L. Jumper	061-64-7449	5/8/73
Ashlyne D. Jumper	251-93-2666	3/9/94
Austin L. Jumper	658-07-5778	2/27/00

My mailing address is:

Heather Jumper
PO Box 136
Swansea, SC 29160
(803) 568-8775



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

October 30, 2006

Ms. Heather Jumper
PO Box 136
Swansea, SC 29160

Dear Ms. Jumper:

Congressman Joe Wilson asked our agency to assist with your concerns regarding your financial and healthcare needs.

To qualify for Medicaid coverage, an individual must meet certain financial and categorical requirements. I have enclosed an overview of the Partners for Healthy Children (PHC) Medicaid program along with an application. The allowable monthly income for our PHC program is \$2075 for a family of three. If you believe you may qualify, please complete the enclosed application and return it to the Lexington County Medicaid Office. Their phone number is (803) 785-2991.

Another option is a Community Health Center. These facilities provide basic healthcare services to all residents in their coverage area without regard to income or insurance status. Their charges for medical services are based on your income. The center nearest you is Eau Claire Cooperative Health Center at (803) 733-5969.

The Aiken-Barnwell-Lexington Community Action Center has a program that provides assistance with rent and utilities to families who meet their income guidelines. Their telephone number is (803) 794-6778.

We have enclosed information on programs that may help in obtaining medical services, inpatient hospitalization and prescription medications at a reduced cost. These programs help individuals who don't qualify for Medicaid, have little or no insurance coverage, and cannot afford to pay for healthcare services.

I hope this information is helpful. Please contact Jennifer Dabbs at (803) 898-3965 if you have any questions.

Sincerely,

Gary Ries
Deputy Director

GR/jod
Enclosures

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

324 ✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

November 6, 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 Ms. Heather Jumper to our agency regarding her financial and healthcare needs.

To qualify for Medicaid benefits, an individual must meet certain financial and categorical requirements. We have provided Ms. Jumper with information on our Partners for Healthy Children Medicaid program. This program is for children under the age of 19 with family income below 150% of the Federal Poverty Level.

We mailed her information on a number of healthcare programs that may be able to assist with medical and prescription needs. We also referred her to the Aiken-Barnwell-Lexington Community Action Center, which may be able to help with her rent and utility bills.

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 dark ink, appearing to read "Robert M. Kerr".

Robert M. Kerr
Director

RMK/rod

LEGISLATIVE LOG #	0324
LEGISLATOR/INQUIRER	Joe Wilson
CONSTITUENT	Heather Jumper
SSN	06-64-7449
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	10/24/2006
DATE DRAFT DUE GR	10/27/2006
LOG LETTER DUE DATE	10/30/2006
DATE REFERRED TO BC	10/25/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Seeking any type of assistance for her family. Single parent with 2 children. Checked MEDS, not currently receiving benefits. Will refer to PHC and send application.	10/25/2006	Jill	8-3936	Gave to Jenny to distribute (11:30am).
	10/25/2006	Jenny	8-3965	Left a message for Ms. Jumper to call me.
	10/26/2006	Jenny	8-3965	Spoke with Ms. Jumper and she gave me an estimate of her income. I also gave her the number to her local Community Action center so she could go ahead and call them. Told her I would mail her a packet of information and Medicaid application. Reports only income is \$443 2 times per month for work and \$342 every 2 weeks in child support.
	10/26/2006	Jenny	8-3965	Letter to Mark.
	10/26/2006	Jenny	8-3965	Mark reviewed. To Alicia.

CHECKLIST

Family Size
Income/Resources

Other Resources:

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

Programs:

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

Instructions:

Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #.
Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.)
If question about current status of a log letter, contact previous user.
Jan & Linda will update upon each log's return and, as a log is closed, they will cut and paste each worksheet into the archive file.
Path: GROUPS/Constituent Services/Log Letters & Transmittals/Aides for Creating-Tracking/Trackers-Tools/Excel Log Tracker