

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Jacobs</i>	DATE <i>1-27-10</i>
---------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <div style="text-align: center; font-size: 2em; color: green; font-weight: bold;">✓</div> <i>001317</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Kost</i> <i>Closed 2/2/10, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-5-10</i> DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

**Raymond E. Cleary III**

South Carolina Senate District 34  
Georgetown, Charleston, and  
Horry Counties

Committees:  
General  
Judiciary

Labor, Commerce and Industry  
Medical Affairs  
Transportation



Senate Office Address:  
Suite 501 Gressette Office Building  
Post Office Box 142  
Columbia, South Carolina 29202  
Telephone: (803) 212-6100  
Fax: (803) 212-6299  
Email: [clearyr@scsenate.org](mailto:clearyr@scsenate.org)  
  
Home Office Address:  
3577 Marion Lane  
Murrells Inlet, South Carolina 29576  
Telephone: (843) 357-2234  
Fax: (843) 650-0689

January 20, 2010

**RECEIVED**

JAN 20 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Bryan Kost  
Senior Consultant  
South Carolina Department of Health  
and Human Services  
1801 Main Street  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Dear Bryan:

I am enclosing a copy of an e-mail that I received from a constituent of mine, Ms. Kathy Jacobs.

I would appreciate your looking into this matter and letting Ms. Jacobs know if there is assistance or information that you could give her daughter, Melonie Jacobs.

I would greatly appreciate your help with this request and if I can ever be of assistance to you, please let me know. With warmest personal regards, I remain

Sincerely yours,

*Ray Cleary*  
Raymond E. Cleary  
Senate District 34

REC/md

c: Ms. Kathy Jacobs

**Website email from Kathy Jacobs**

Raisingmel@aol.com [Raisingmel@aol.com]

Sent: Monday, January 11, 2010 12:32 PM

---

Senator Cleary I know you know my daughter, Melanie Jacobs and she now has a 7 month old daughter. Melanie is in the Paralegal Program at HGTC and cannot take day classes due to the expense of daycare. Eventhough Rae Houck, the baby's dad works in Charleston and drives back and forth, they count his income of \$25,000.00 per year, because he is the recognized father. They are not married. Melanie is unable to get Medicaid for herself and daycare (ABC Vouchers) for Raleigh. We now pay for 2 days a week which is \$65.00 and that's all we can afford. Is there assistance you can give us? Thank you so much!

Kathy Jacobs  
1065 Weslin Creek Drive  
Myrtle Beach, SC 29588  
843-995-4009

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/27/10  
MEDSPROD RECIPIENT INFORMATION ACTION:  
MEMBER PERIOD START: 10/13/09 END: PAGE: 0001

NAME: HOUKE RALEIGH G HH NAME: JACOBS MELANIE  
RCP NUMBER: 5781023688 HH NUMBER: 100408709 ACTION TYPE: MAINTENANCE  
SSN: 656-32-1226 VC: V APL STATUS: ACTION DATE: 09/14/09  
PRIMARY INDIVIDUAL: APL CO: 26 WORKER ID: DCHES LOCATION: 001  
1065 WESLIN CREEK DR SSCN: RRN:

MYRTLE BEACH SC 29588- RACE: 01 SEX: F MARITAL STATUS: S  
CORRECT RCP NUMBER: \_\_\_\_\_ DOB: 06/01/2009 DOD: RELATION: CHILD  
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
30822219	11/01/2009	88	30	FULL	N	N	N	.55	2600
00666167	06/01/2009	11/01/2009	12	30	FULL	N	N	.00	2600

UPDATED: USER ID: DCHES DATE: 09/14/09 SYSTEM ID: TTR1001 DATE: 09/16/09  
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



Log 0317

*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

February 2, 2010

The Honorable Raymond Cleary  
Member, South Carolina Senate  
District No. 34 – Charleston, Georgetown and Horry Counties  
Post Office Box 142  
Columbia, South Carolina 29202

Dear Senator Cleary:

Thank you for contacting this agency on behalf of Kathy Jacobs regarding Medicaid eligibility for her daughter, Melanie Jacobs.

A member of our staff has been in direct contact with both Kathy and Melanie Jacobs, and we were pleased to address their questions regarding the Medicaid program. They were also given contact information for a staff member in our Constituent Services Division if they have additional questions or concerns.

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 black ink that reads "Emma Forkner".

Emma Forkner  
Director

EF/jl



February 2, 2010

Ms. Melanie Jacobs  
1065 Weslin Creek Drive  
Myrtle Beach, South Carolina 29588

Dear Ms. Jacobs:

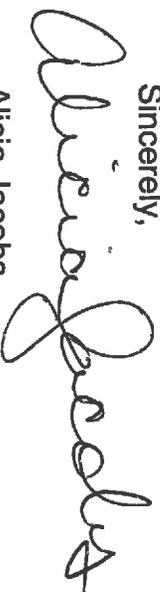
At the request of your mother, Senator Raymond Cleary III contacted our agency regarding your Medicaid eligibility.

Your application for our *Low Income Families* program was received on January 27, 2010. Your eligibility worker, Ms. DeNee Chestnut, mailed you a letter requesting additional information needed to process your application. The requested information is due back to our Horry County Medicaid Office no later than February 16, 2010. Once the information is received, your application will be reviewed and we will notify you of our eligibility decision.

If you have any questions, please contact Ms. Chestnut at (843) 381-8260, Ext. 193, and she will be happy to assist you.

I hope this information proves helpful.

Sincerely,



Alicia Jacobs  
Deputy Director

AJ/I