

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Justice</i>	<i>8/29/08</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>100122</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>8/8/08</i>	
2. DATE SIGNED BY DIRECTOR	_____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action	
<i>C. Jackson</i> <i>Cleared 9/19/08 letter</i> <i>attached.</i>			

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 28, 2008

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)
DINO TEPPARA
CHIEF OF STAFF
AND COUNSEL

RECEIVED

AUG 29 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

RE: Phyllis Joyner Barrett
xxx-xx-2019

Dear Ms. Forkner,

I am writing to you on behalf of the above named constituent who has contacted me regarding assistance from Health and Human Services. Enclosed is a copy of all correspondence for your perusal. Any assistance that you could offer would be most appreciated. Mrs. Barrett is in intensive care in the hospital.

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

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA
ASSISTANT REPUBLICAN WHIP
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Congress of the United States House of Representatives

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RICHLAND*
(*PARTS OF)

DINO TEPPARA
CHIEF OF STAFF
AND COUNSEL

Consent for Release of Personal Records by Executive Agencies

Name of Agency: Social Security Admin., Dept. of Veterans Affairs, & South Carolina Health & Human Services, SC Dept. HUP
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.

PHYLLIS TURNER BARRETT
Name of Claimant- (Please Print) 12/01/45
Date of Birth

22 CARROLL COURT
Address of Claimant West Columbia 29170
City Zip

248-76-2019
Social Security Number VA Claim # of OPM # (if applicable)

803-791-0345
Telephone Number- Home Telephone Number- Work
Phyllis J. Barrett
Signature of Claimant 08/25/08
Today's Date

Please briefly explain your concern: _____
(use the back if necessary)

1. Requesting assistance with certification of MEDICAL
2. Requesting assistance with long/short term housing.
3. Requesting assistance with back payment from
Social Security Admin. since 08/2004.
4. Requesting assistance from Veterans Administration

See

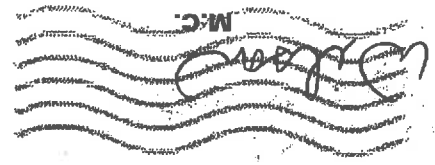
S. Lee Barrett
124 Putnam Ave
Springtn, S.C. 29072
803-666-8020 cell #
803-808-8959 home #

Congress of the United States
House of Representatives
Washington, DC 20515-4002

OFFICIAL BUSINESS

PRINTED ON RECYCLED PAPER

COLUMBIA SC 292
28 AUG 2006 PM 3:03
Jep



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

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292028206 B044

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Janette</i>	8/29/08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000122	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 8/8/08
2. DATE SIGNED BY DIRECTOR <i>C. Jackson</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 19, 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 Ms. Phyllis Joyner-Barrett concerning her healthcare needs and Medicaid eligibility.

A member of our staff has been in direct contact with Ms. Joyner-Barrett's authorized representative regarding Medicaid eligibility and the rules and regulations governing the program. We mailed her information on programs and organizations that may assist with her 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,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/jcol

Log # 0122



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 17, 2008

Mr. Lee Barrett, Jr.
124 Putters Trail
Lexington, South Carolina 29072

Dear Mr. Barrett:

Congressman Joe Wilson contacted our agency on behalf of your mother, Phyllis Joyner-Barrett, regarding Medicaid eligibility and her healthcare needs.

Ms. Joyner-Barrett's Medicaid application was received on June 24, 2008. Medical consultants must review your mother's medical records to determine if she meets the Supplemental Security Income definition of disability. We have requested that this process be expedited, and we will monitor her application's progress and notify you once a Medicaid eligibility decision has been made. If your mother's living situation changes, please notify Ms. Tidwell since this could change the Medicaid category of assistance under which she is applying for benefits.

Enclosed is information on other programs and organizations that may be able to assist with your mother's prescription and healthcare needs. If you have additional questions about the Medicaid program, please contact Jennifer Lynch in Constituent Services at (803) 898-3965, and she will be happy to assist you.

Sincerely,

A handwritten signature in cursive script, reading "Alicia Jacobs".

Alicia Jacobs
Acting Deputy Director

AJ/ccl
Enclosures