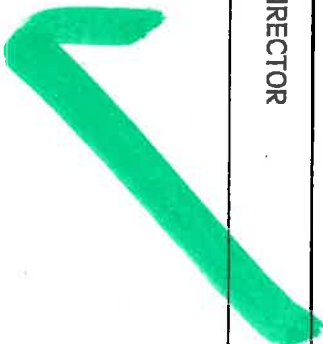


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>1-13-10</i>
---------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000301</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Kost</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-26-10</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.			

**Kit Spires**

District No. 96 - Aiken-Lexington  
Counties  
P. O. Box 396  
Pelion, SC 29123



326-D Blatt Building  
Columbia, SC 29211  
Tel. (803) 734-3010

**Committee:**

Medical, Military, Public  
and Municipal Affairs

*House of Representatives*

*State of South Carolina*

**RECEIVED**

JAN 13 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

January 13, 2010

Bryan G. Kost, Senior consultant  
Department of Health and Human Services  
1801 Main St  
Columbia, SC 29202 8206  
FAX 255 8235

Re: Elizabeth Sturkie Age 18  
Father: James Sturkie  
(H) (803) 755 1484  
(C) (803) 920-5335

Dear Mr. Kost:

It my understanding that the disability benefits of the above special-needs young girl have been terminated. The father, shown above, is disabled and the mother is in Alabama. I would greatly appreciate your looking into this case for the purpose of getting help for Elizabeth.

Thank you for your assistance in this matter.

Very truly,

A handwritten signature in dark ink, appearing to read "Kit Spires".

Kit Spires  
Representative