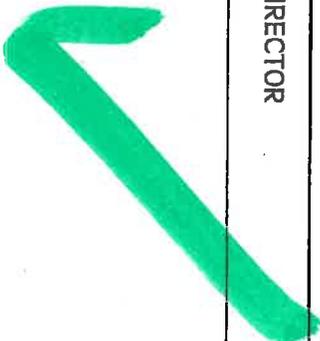


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

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

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100301</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 19 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 blue ink, appearing to read "Kit Spires".

Kit Spires
Representative