

Frank Crook  
1550 Fort Hill Drive  
Seneca, SC 29678

March 23, 2016

Healthy Connections:

REALLY, six months since the application and you are asking for proof of citizenship. Every month you send a form asking for additional information. I send it and then call and they tell me, "Oh Mr. Crook you have submitted so much and it is all scanned into our computers. We need nothing else from you." And then we WAIT another month and I get a form wanting something else. What next month, her shoe size. If you wanted proof of citizenship WHY didn't you ask for it on the original application??? You have her SS# and her taxes and you can't determine citizenship??? I have been providing you people information every month for six months. If you want something, tell me what you want and STOP these delaying tactics. We were told that this would expedited because she was already in a nursing home.

Mrs. Mary Thomas passed away on February 29, 2016 while waiting for you help.



Frank Crook/ POA

GOVERNOR,  
PLEASE HELP DO SOMETHING  
ABOUT THIS INCOMPETENT  
DEPARTMENT!



Applicant's Name  
MARY THOMAS

Date  
3/16/16

Household Number  
102012737

Member ID Number  
2782154056

Authorized Representative (if applicable)  
PAULA CROOK

**Please return this checklist** along with the information requested below. To determine Medicaid eligibility, the Department of Health and Human Services will need the following items (marked with a check) for the applicant, spouse, and children under age 22.

- ☐ Tax Return – IRS Form 1040 (Most recent. If self-employed include both pages of Schedule C.)
- ☐ Application / Addendum: DHHS Form ☐ 3400 ☐ 3400-A ☐ 3400-B ☐ 3400-01 ☐ 3401 ☐ 2800-A
- ☒ Verification of: ☒ Citizenship ☒ Identity (Originals not required. Please send photocopies.)
- ☐ Social Security Numbers for the following person(s) requesting Medicaid:

\_\_\_\_\_  
\_\_\_\_\_

- ☐ DHHS Form 1282, Authorized Representative
- ☐ Power of Attorney or Court Order for Guardianship or Conservator Papers
- ☐ \_\_\_\_\_ will need a disability determination to possibly be eligible.  
Please fill out the forms that are checked below. An application for Social Security disability may also be needed.  
DHHS Form: ☐ 3218 ME ☐ 3218-D ME ☐ 3266 ME ☐ 3266-D ☐ 921

- ☐ TEFRA (Disabled Children)  
☐ DHHS Form 3291, In-Home Care Certification ☐ Permission to Evaluate Form (DDSN)

- ☐ Verification you have applied for \_\_\_\_\_ benefits on the applicant's behalf.  
*This will not hold up an eligibility determination, but is required.*

- ☐ Breast and Cervical Cancer Program (BCCP)  
☐ Pathologist Report ☐ DHHS Form 913-A, Application Addendum  
☐ Progress Notes

- ☐ DHHS Form 3310, Statement of Pregnancy

- ☐ Proof of gross income received by: \_\_\_\_\_  
from (date) \_\_\_\_\_ to (date) \_\_\_\_\_  
*This may be a copy of an itemized check stub, award letter, printout, or statement on letterhead from the company, agency, or payor.*

- ☐ All bank or other financial account statements for \_\_\_\_\_  
from (date) \_\_\_\_\_ to (date) \_\_\_\_\_  
*Please send entire financial account statements, not account summaries.*

- ☐ Copies of applicant's/spouse's Trust agreements