

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE  <i>8-31-07</i>
---------------------	----------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER  000126	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR  <i>Cleared 9/12/07, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-12-07</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.			

LINDSEY O. GRAHAM  
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-5972

## UNITED STATES SENATE

August 29, 2007

**RECEIVED**

AUG 30 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Ms. Emma Forkner  
Director  
SC Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

*Leg. Jacobs*  
*App. Snyg*

Re: Tina Lee Knight  
SS# 262-33-1241

Dear Ms. Forkner:

Enclosed is a copy of correspondence I have received from the above named constituent. I believe you will find it self-explanatory.

Your reviewing this material and providing any assistance or information possible under the governing statutes and regulations will be greatly appreciated. Thank you for your attention in this matter. I look forward to hearing from you soon.

Sincerely,

Lindsey O. Graham  
United States Senator

LOG/lt

Please refer to case (496605) in your response.

Please reply to: Senator Lindsey Graham  
530 Johnnie Dodds Boulevard, Suite 202  
Mt Pleasant, South Carolina 29464

508 HAMPTON STREET  
SUITE 202  
COLUMBIA, SC 29201  
(803) 933-0112

401 WEST EVANS STREET  
SUITE 226B  
FLORENCE, SC 29501  
(843) 668-1505

101 EAST WASHINGTON STREET  
SUITE 220  
GREENVILLE, SC 29601  
(864) 250-1417

530 JOHNNIE DODDS BOULEVARD  
SUITE 202  
MOUNT PLEASANT, SC 29464  
(843) 849-3887

140 EAST MAIN STREET  
SUITE 110  
ROCK HILL, SC 29730  
(803) 366-2828

136 EAGLES NEST DRIVE  
SUITE B  
SENECA, SC 29678  
(864) 888-3330

# AUTHORIZATION FORM

I hereby authorize United States Senator Lindsey O. Graham to receive any information from agencies pertaining to my request below. This authorization is in accordance with the provisions of the Privacy Act of 1974.

(PLEASE TYPE OR PRINT BELOW)

Name: Tina Lee Knight Phone: 803 441 0081  
 Address: 19 Sweetwater Ct (Temporary Address) 1409 Peach Blossom St N Aug SC 29841  
 City: North Augusta State: S.C. Zip: 29860  
 Social Security Number: 262331241 VA Number: \_\_\_\_\_

In the space below, briefly describe the problems that you are experiencing and explain exactly what you would like Senator Graham to do on your behalf. Without this information, it will be impossible for Senator Graham to adequately assist you. (If you need more space, please use the back of this form or an additional piece of paper.)

Assist in obtaining Medicaid, Blue Cross  
benefits exhausted due to liver transplant & complications.  
Unable to see. Medicaid applied for.  
MUSC wants to place in facility. However,  
needs Medicaid approved etc. No  
monies coming in. Single mom & 9 yr old boy  
whose father passed away last year.

Signature: Tina L. Knight Date: 08/16/07

Please return form to: U.S. Senator Lindsey O. Graham  
 530 Johnnie Dodds Boulevard, Suite 202  
 Mt. Pleasant, South Carolina 29464

Veronica H. Scott Power of Attorney  
contact Robert  
405 Peach Blossom St  
200844 525 5436  
29841  
North Augusta SC  
29841



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Erma Forkner  
Director

September 12, 2007

Ms. Tina Lee Knight  
c/o Ms. Marie Deer  
409 Peach Blossom Street  
North Augusta, South Carolina 29841

Dear Ms. Knight:

United States Senator Lindsey Graham asked our agency to assist with questions about your pending Medicaid application.

We are pleased to inform you that your application for Medicaid's Aged, Blind or Disabled program has been approved retroactive to May 1, 2007. In addition, your son Jonathan was approved for Medicaid under our Partners for Healthy Children program effective July 1, 2007.

If you or your authorized representative have any questions about your coverage, please call Faye Ustry in the Edgefield County Medicaid office at 803-637-4040, Ext. 136.

Sincerely,

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

Alicia Jacobs  
Interim Deputy Director

AJ/code

126 ✓



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

Mark Sanford  
Governor

Emma Forkner  
Director

September 12, 2007

The Honorable Lindsey O. Graham  
United States Senate  
530 Johnnie Dods Boulevard, Suite 202  
Mount Pleasant, South Carolina 29464

Re: Case 496605

Dear Senator Graham:

Thank you for referring Ms. Tina Lee Knight to our agency with her concerns regarding Medicaid eligibility.

A member of our staff has been in direct contact with Ms. Marie Deer, Ms. Knight's Medicaid authorized representative, to assist Ms. Knight and her son Jonathan with their healthcare needs.

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 cursive script, reading "Emma Forkner".

Emma Forkner  
Director

EF/jcode