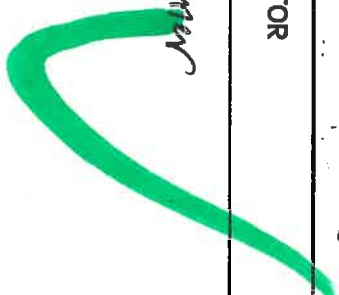


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>4-17-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101578</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>4-24-09</i>
2. DATE SIGNED BY DIRECTOR <i>CC: M/S. Forlmer</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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) 224-8972

## UNITED STATES SENATE

April 15, 2009

**RECEIVED**

APR 17 2009

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

RE: Mr. Arthur Glover  
SSN: 250-50-2553

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

Enclosure

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) 669-1505

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

135 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: Arthur A. Glover Phone: 843-406-4878

Address: 846 Robert E. Lee Blvd.

City: Chas. State: S.C. Zip: 29412

Social Security Number: 256-50-2553 VA Number: 250-50-2553

Dob. 4/23/32

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.)

Arthur's state medicaid coverage has been cancelled. Arthur is now being asked to cover his Medicaid insurance. Arthur is disabled, he can't walk or roll over in bed. Arthur really needs his Medicaid put back in place so he can receive the care he needs very much. Is this a mistake or is it caused by budget cuts? Just don't make since. (over)

Signature: Arthur A. Glover Date: 4/10/09

P.O. Box 29464

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

This last case worker was Mrs. Arnold.

Now Mrs. Wise is his caseworker.

We just don't understand how this system works. While I was employed my father received medicaid. Now I'm on the street looking for work and my father loses his medicaid. I'm a single parent with three children.

My parents are in my care. I've lost my job, Health insurance and benefits but I have not lost my will to work. I don't want unemployment or food stamps but my father needs his medicaid reinstated.

Thank you for your time.  
Mond P. Davis