

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Supra</i>	DATE <i>6-8-12</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>101466</b>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>6-15-12</i>
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Rick Singleton, Post, Hynes</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action
<i>cleared 6/30/12, letter attached.</i>	

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

LINDSEY O. GRAHAM  
SOUTH CAROLINA



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

## UNITED STATES SENATE

June 6, 2012

**RECEIVED**

JUN 08 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Anthony Keck  
Director  
S.C. Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

RE: Mr. E. Michael Bonaparte  
SSN: 250-94-5221

Dear Mr. Keck:

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,

A handwritten signature in black ink, appearing to read "Lindsey", written over a horizontal line.

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 111  
FLORENCE, SC 29501  
(843) 669-1505

130 SOUTH MAIN STREET  
SUITE 700  
GREENVILLE, SC 29601  
(864) 250-1417

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

235 EAST MAIN STREET  
SUITE 100  
ROCK HILL, SC 29730  
(803) 366-2828

124 EXCHANGE STREET  
SUITE A  
PENDLETON, SC 29670  
(864) 646-4090

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JUN 08 2012

AUTHORIZATION FORM

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

By providing the information below and signing this form, I hereby authorize SCDHHS (agency name) to furnish the office of U.S. Senator Lindsey Graham information pertaining to my claim or request. This authorization is in accordance with the Privacy Act of 1974.

Name: E Michael Bernaparte Phone: (243) 722-0364

Address: 13 Penilworth Avenue

City: Charleston State: SC Zip: 29403

Social Security Number: 252-94-5220 VA Number (if applicable): \_\_\_\_\_

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 the form).

I have worked in the Security Field for nearly 30 years and all during that time FICA tax was taken from my paycheck I thought the tax was taken from me to support programs that assist people should something unexpected happen to them and now something unexpected has happened to me. I have the 4th quarters needed to qualify for Social Security disability benefits and Medicare but for 2 years now since June 2010 I have been denied Medicaid and for health reasons I need health insurance coverage since I lost my health ins coverage when I retired. <sup>and my wife is signing health</sup> Signed: E Michael Bernaparte Date: 06-04-2012

NOTE: Those requesting assistance from Senator Graham should note that if they are represented by an attorney, that attorney must contact the Senator's office by letter or telephone before action can proceed. This is to eliminate any confusion and it is in the best interest of the client.

If represented by an attorney, please give attorney's name \_\_\_\_\_

Please return form to:  
U.S. Senator Lindsey O. Graham  
530 Johnnie Dodds Boulevard, Suite 202  
Mt. Pleasant, South Carolina 29464  
Phone: (843) 849-3887  
Fax: (843) 971-3669



Log # 466

June 20, 2012

Mr. Michael Bonaparte  
13 Kenilworth Avenue  
Charleston, South Carolina 29403

Dear Mr. Bonaparte:

United States Senator Lindsey Graham contacted this agency on your behalf regarding Medicaid eligibility and your healthcare needs.

Medicaid uses the same disability guidelines as the Social Security Administration (SSA) when determining eligibility for the Aged, Blind or Disabled (ABD) program. Your recent application for the ABD program was denied in March 2012 because you did not meet the disability guidelines.

If your situation has changed, you may reapply for the ABD program at any time by completing the enclosed application and returning it to the Charleston Medicaid Office: Post Office Box 13748, Charleston, South Carolina 29422.

Also enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions and inpatient hospitalization.

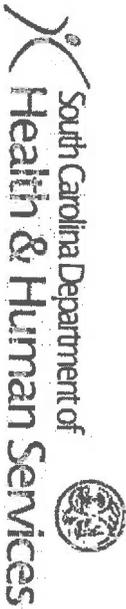
I hope this information is helpful.

Sincerely,

John R. Supra, Jr.  
Deputy Director

Enclosures  
JS/I

Log # 4460



Anthony E. Keck • Director  
Mark R. Halsey • Governor

June 20, 2012

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

Dear Senator Graham:

Thank you for contacting this agency on behalf of Mr. Michael Bonaparte regarding Medicaid eligibility and his healthcare needs.

We provided Mr. Bonaparte information regarding Medicaid eligibility and the rules and regulations governing the program. We also mailed him an application for our Aged, Blind or Disabled program should he choose to reapply.

We appreciate your continued interest and support of the South Carolina *Healthy Connections* Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "Anthony E. Keck". The signature is fluid and cursive, written over a horizontal line.

Anthony E. Keck  
Director

AEK/I