

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Supra</i>	<i>6-8-12</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 101466	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>6-15-12</i>
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
cc: Mr. Fock, Singleton, Host, hynes <i>cleared 6/30/12, letter attached.</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

June 6, 2012

RECEIVED

JUN 08 2012

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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 dark ink, appearing to read "L. Graham", written over a horizontal line.

Lindsey O. Graham
United States Senator

LOG/lt

Enclosure

Please reply to: Senator Lindsey Graham
530 Johnnie Dods 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) 966-2828

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

RECEIVED

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: 260-94-5220 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 40 quarters needed to qualify me 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. Note
to my signing health
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.

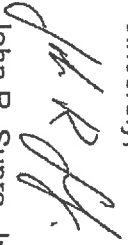
Medicaid uses the same disability guidelines as the Social Security Administration (SSA) when determining eligibility for the Aged, Blind or Disabled (ABD) program. Your recent application for the ABD program was denied in March 2012 because you did not meet the disability guidelines.

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
Nikki R. Haley • Governor

June 20, 2012

The Honorable Lindsey Graham
United States Senate
530 Johnnie Dods 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', written over a horizontal line.

Anthony E. Keck
Director

AEK/I