


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-5-07</i>
---------------------	----------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000181	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10-12-07</i>		
2. DATE SIGNED BY DIRECTOR <i>Cleaved 10/11/07 letter attached.</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.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:
ARMED SERVICES
EDUCATION AND LABOR
FOREIGN AFFAIRS
HOUSE POLICY

Congress of the United States House of Representatives

October 1, 2007

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)
DINO TERPARRA
CHIEF OF STAFF
AND COUNSEL

RECEIVED

OCT 05 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Mrs. Jeannine Romano
For Joseph Joshua Wahl

Dear Mr. Kerr,

I am writing to you on behalf of the above named constituent who has contacted me regarding obtaining benefits for Joseph. Enclosed is a copy of all correspondence for your perusal. Any assistance that you could offer would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169, Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,

Logi Jacobs
du mgy
JW

JOE WILSON
Member of Congress

JW/jmc
Enclosure

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
FAX: (202) 225-2455
www.joewilson.house.gov

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. BOX 1538
BEAUFORT, SC 29901
(843) 521-2530
FAX: (843) 521-2535

TOLL FREE 1-888-381-1442

September 28, 2007

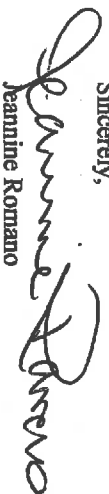
Dear Congresswoman Wilson
~~To Whom It May Concern~~

Joseph J Wahl needs to be included in the system the right way. For years his parents, Joseph Wahl and Betsy Wells, had been collecting welfare without providing Joseph with daily necessities e.g. water, electricity, and food. DSS moved him to his grandmother, Sharon Wingate, who also received financial help while still not providing Joseph with basic needs. On June 21, 2007 we were awarded temporary custody of Joseph. His parents were to be denied any contact with him.

We were trying to do our best for Joseph, by stepping in when no one else would. Since he has been living with us he has been seeing his doctor for regular check-ups, the dentist, his dermatologist, and he has never missed a mental health appointment. It is remarkable how he has improved in the last three months. We were proud to enroll Joseph in Irmo Middle School, after he had been placed in alternative school. He studies, dresses properly, and his psychiatrist, Dr. Evans, is pleased.

Mark and I knew we were not going to stop fighting for Joseph until his life was better. He is now getting most of the basic needs that are entitled to every human being. We were unable to find any of his past school records. This would also help tremendously with providing the proper tutoring that he needs to continue to grow successfully. We were told by various people, that if we were blood related or if Joseph was in the foster care system, he would still be receiving financial assistance. Even though he no longer resides with his parents and we stopped him from being placed in foster care, he still deserves the benefits that financial aid would provide him. Give Joseph J Wahl the aid he needs. Give us a chance to show a child how his life can still improve.

Sincerely,


Jeannine Romano

3705 Cairnbrook Dr.
Columbia- SC 29210
803-665-6914

Along with us, the following people have shared an interest in Joseph's future:

Adrea Baker, Human Services Specialist - (803) 785-6791

Christine Daniels, Counselor - (803) 359-7206

Steven Evans, Mental Health - (803) 359-7206

Marie Waldrop, IMS Principal - (803) 732-8204

Mrs. Kooley, Social Worker - (803) 732-8203

Michael Harris, Lexington 5 - (803) 732-8200

C. Christopher Clements, Priest - (803) 798-2776

STATE OF SOUTH CAROLINA
COUNTY OF LEXINGTON

South Carolina Department of Social
Services,

Plaintiffs,

vs.

Betsy Wells and Joseph Wahl,

Defendants,

In the interest of:

Joseph Wahl, DOB: 07-30-93, a minor under the
age of eighteen (18) years.

REC'D
IN THE FAMILY COURT
ELEVENTH JUDICIAL CIRCUIT

07-DR-32-0855X ✓

ORDER OF CONTINUANCE

TRIAL JUDGE:

DATE OF HEARING:

PLAINTIFF'S ATTORNEY:

DEFENDANT'S ATTORNEY:

GUARDIAN AD LITEM:

SCDS:

COURT REPORTER:

Richard W. Chewning, III

June 20, 2007

Montford S. Caughman

Pro Se

Stephen Suggs, Esquire

Kim Madden & Andrea Baker

Wendy Wise Derrick

BETH A. CARRING
CLERK OF COURT
LEXINGTON, SC

2007 JUN 21 PM 12:38

FILED

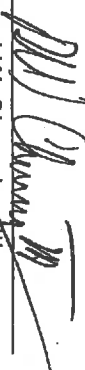
This matter is before me for an Intervention Hearing filed by the Lexington County Department of Social Services.
This court has jurisdiction over the parties and the subject matter of this action.

Plaintiff informed the court that the case needed to be continued to perfect service on the Defendants, and the case
should be rescheduled for a future date.

NOW, THEREFORE, IT IS ORDERED, ADJUDGED, AND DECREED as follows:

1. This hearing shall be continued and shall be rescheduled on a future date.
2. That temporary custody of the minor child, Joseph Wahl, shall be given to Mark Romano and Jeannine Romano, without prejudice to Defendant Betsy Wells.
3. That Mark Romano and Jeannine Romano, family friends, shall be made party Defendants to this action.

AND IT IS SO ORDERED.


Richard W. Chewning, III
Presiding Judge
Eleventh Judicial Circuit

Lexington, South Carolina

June 20th, 2007

South Carolina Department of Social Services
SAFETY PLAN

6/14/07

Page ____ of ____

Name: Betsy Wells / Joseph Wahl Case Number: _____

DSS has identified the following concerns as placing your child or children at serious risk of harm. The undersigned have developed this plan for the purpose of preventing removal of the child to foster care or as a plan to control safety concerns during the investigation. The parties enter into this agreement voluntarily. The parents' agreement to this plan is not an admission that they have abused or neglected the child.

If YES is checked, DSS has determined that if the preventive services are not provided or are not effective, foster care will be the plan for the child.

☒ Yes ☐ No

Safety Concern:

Betsy Wells agrees to put Joseph Wahl

Preventive Service: (Include specific action, who will be responsible and who will monitor)

in the alternative placement of Mark and Jeannine Romano at 3705 Cairnbrook Dr.

Safety Concern:

Mr. + Mrs. Romano agree to supervise visits

Preventive Service: (Include specific action, who will be responsible and who will monitor)

between Joseph and Betsy Wells at least 2 times a month.

Safety Concern:

Preventive Service: (Include specific action, who will be responsible and who will monitor)

This safety plan is subject to change by DSS.

By signing this Safety Plan, the parents and the protector understand and agree that the protector will be responsible for the safety of the child(ren) during the investigation. This agreement will expire in 90 days from date of signature. The parents and protector have the right to and agree to contact the caseworker if they no longer wish to carry out any part of the agreement, have questions, or want to bring something to the worker's attention. If the report is unfounded, the Safety Plan will end automatically on the date of case decision.

[Signature] Date 6-14-07 Worker's Signature [Signature] Date 6/14/07

Protector's Signature/Relationship to Child Betsy Wells Date 6/14/07 Parent's Signature [Signature] Date 6/14/07

☐ Parent(s)/Caregiver refused to sign
Note: Failure to comply with the Safety Plan may result in court intervention to assure the child's safety.

X Mark Romano 6/14/07

South Carolina Department of Social Services
SAFETY PLAN

6/14/07
Page ____ of ____

Name: Betsy Wells / Joseph Wells Case Number: _____

DSS has identified the following concerns as placing your child or children at serious risk of harm. The undersigned have developed this plan for the purpose of preventing removal of the child to foster care or as a plan to control safety concerns during the investigation. The parties enter into this agreement voluntarily. The parents' agreement to this plan is not an admission that they have abused or neglected the child.

If YES is checked, DSS has determined that if the preventive services are not provided or are not effective, foster care will be the plan for the child. ☒ Yes ☐ No

Safety Concern: Betsy Wells agrees to put Joseph Wells in the alternative placement of Mark and Jeanine Roman at 3705 Cairnbrook Dr.

Safety Concern: Mr. + Mrs. Roman agree to supervise visits between Joseph and Betsy Wells at least 2 times a month.

Safety Concern: _____
Preventive Service: (Include specific action, who will be responsible and who will monitor) _____
Preventive Service: (Include specific action, who will be responsible and who will monitor) _____
This safety plan is subject to change by DSS.

By signing this Safety Plan, the parents and the protector understand and agree that the protector will be responsible for the safety of the child(ren) during the investigation. This agreement will expire in 90 days from date of signature. The parents and protector have the right to and agree to contact the caseworker if they no longer wish to carry out any part of the agreement, have questions, or want to bring something to the worker's attention. If the report is unfounded, the Safety Plan will end automatically on the date of case decision.

Protector's Signature/Relationship to Child Mark Roman Date 6-14-07 Worker's Signature Alana Baker Date 6/14/07
Parent's Signature Betsy Wells Date 6/14/07 Parent's Signature _____ Date _____

☐ Parent(s)/Caregiver refused to sign
Note: Failure to comply with the Safety Plan may result in court intervention to assure the child's safety.

Mark Roman 6/14/07

South Carolina Department of Social Services
SAFETY PLAN

6/14/07

Page ____ of ____

Name: Betsy Wells / Joseph Wahl Case Number: _____

DSS has identified the following concerns as placing your child or children at serious risk of harm. The undersigned have developed this plan for the purpose of preventing removal of the child to foster care or as a plan to control safety concerns during the investigation. The parties enter into this agreement voluntarily. The parents' agreement to this plan is not an admission that they have abused or neglected the child.

If YES is checked, DSS has determined that if the preventive services are not provided or are not effective, foster care will be the plan for the child. ☒ Yes ☐ No

Safety Concern: Betsy Wells agrees to put Joseph Wahl

Preventive Service: (Include specific action, who will be responsible and who will monitor) in the alternative placement of Mark and

Jeanine Romano at 3705 Cairnbrook Dr.

Safety Concern: Mr. + Mrs. Romano agree to supervise visits

Preventive Service: (Include specific action, who will be responsible and who will monitor) between Joseph and Betsy Wells at least
2 times a month.

Safety Concern:

Preventive Service: (Include specific action, who will be responsible and who will monitor)

This safety plan is subject to change by DSS.

By signing this Safety Plan, the parents and the protector understand and agree that the protector will be responsible for the safety of the child(ren) during the investigation. This agreement will expire in 90 days from date of signature. The parents and protector have the right to and agree to contact the caseworker if they no longer wish to carry out any part of the agreement, have questions, or want to bring something to the worker's attention. If the report is unfounded, the Safety Plan will end automatically on the date of case decision.

Protector's Signature/Relationship to Child James J. Romano Date 6-14-07 Worker's Signature Debra Fader Date 6/14/07
Parent's Signature Betsy Wells Date 6/14/07 Parent's Signature _____ Date _____

☐ Parent(s)/Caregiver refused to sign
Note: Failure to comply with the Safety Plan may result in court intervention to assure the child's safety.

Mark Romano 6/14/07

Proposed Treatment Plan
June 18, 2007

Case Caption: SCDDSS vs Betsy Wells and Joseph Wahl

A. FINDING

1. The court finds by a preponderance of the evidence that **Betsy Wells** did physically neglect **Joseph Wahl**.
2. The court finds by a preponderance of the evidence that the Department of Social Services had reasonable cause to intervene in this case.
3. This finding shall be entered into the statewide central registry system.

B. PLACEMENT OF CHILD

- 1 The minor child, **Joseph Wahl**, shall be placed in the temporary custody of **Mark** and **Jeannine Romano** without prejudice to **Betsy Wells**.

C. REQUIREMENTS/SERVICES FOR DEFENDANTS.

1. Within 30 days **Betsy Wells** shall make an appointment and keep that appointment to be evaluated for substance abuse by LRADAC at 1325 Harden Street, Columbia, SC, 29204; phone 256-3100. This evaluation is to be completed and presented to the Department of Social Services. The defendant shall further follow all treatment recommendations, to include submitting to random drug screening, until released as having successfully completed by the treating counselor.
2. **Betsy Wells** shall attend and participate in mental health counseling at Lexington County Mental Health (359- 7206), attending all appointments set by her counselor until released as having successfully completed.
3. **Betsy Wells** will secure and maintain appropriate housing for at least 6 months, to include running water, heat, stove, refrigerator, operational plumbing, and secure doors.
5. **Betsy Wells** will maintain a minimum level of cleanliness in his home, keeping all food covered, dishes washed, kitchen surfaces wiped clean, trash removed, and adequate linens on the beds.
6. **Betsy Wells** will cooperate with the Department of Social Services and referrals made by DSS.

8. **Betsy Wells** shall attend and participate in therapy sessions with the minor child as recommended by the child's therapist until released as having successfully completed by the treating counselor.

9. **Betsy Wells** shall keep plaintiff informed of any changes in their circumstances, to include but not limited to, any change in address, household composition, employment, or telephone number, and that any change shall be reported to the South Carolina County Department of Social Services, Lexington County, within three (3) working days of such change occurring.

D. REQUIREMENTS/SERVICES FOR CHILDREN.

1. **Joseph Wahl** shall attend counseling at the Lexington County Community Mental Health Child and Adolescent Center, or a DSS approved provider, and follow all treatment recommendations made by his counselor until successfully terminated;

2. **Joseph Wahl** will comply with a psychological assessment with Dr. Marc Harari, 803-422-0017, and he will follow the recommendations of this evaluation.

E. VISITATION/CONTACT ISSUES.

1. **Betsy Wells** shall have scheduled visitation with **Joseph Wahl** at the discretion of **Mark and Jeannine Romano**.

F. CHILD SUPPORT.

1. The **Betsy Wells** shall be ordered to pay child support in the amount of _____ per month, plus 5% collection costs, beginning _____ payable through the Clerk of Court, _____ County Family Court, with _____ designated as the payee.

Payor:

Address:

Payee: **Mark and Jeannine Romano**

Address: 3705 Cairnbrook Drive, Columbia, SC, 29210

G. REVIEW.

1. This case shall be reviewed in 6 months unless treatment services terminate prior to that time.

2. Review shall be upon motion of any party or as required by law.

H. REASONABLE EFFORTS BY DSS.

1. The Court finds that by, clear and convincing evidence, that the child(ren) is/are threatened with harm absent the successful completion of this treatment plan, services shall continue until such completion.

I. ACCESS TO INFORMATION/AUTHORIZATION.

1. Department of Social Services shall be allowed access to all medical, school, criminal, or professional records that may be necessary to implement this treatment plan.

2. The Guardian ad litem shall continue to monitor this case and have access to information necessary to monitor.

3. The Department of Social Services shall continue to monitor this case.

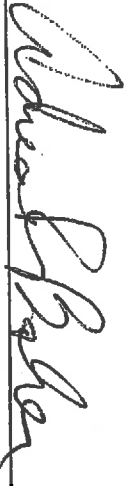
J. ADDITIONAL PROVISIONS.

1. **Mark Romano and Jeannine Romano** shall be made a party to this action.

2. Defendant **Betsy Wells**, shall pay the \$100.00 court fee pursuant to 20-7-1440 within 60 days of this hearing.

K. TYPE OF HEARING.

1. This hearing shall serve as an intervention hearing.

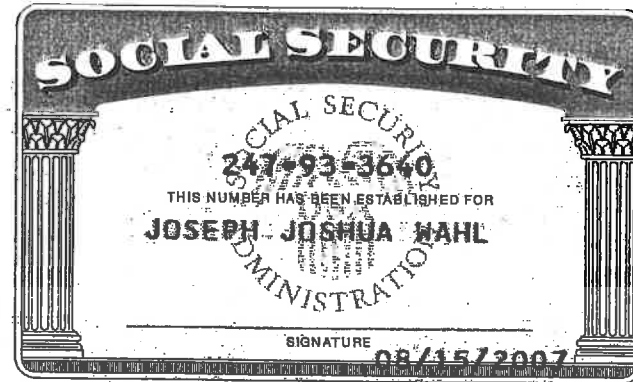

Human Services Specialist II


Social Services Supervisor I

Please note: The date we issued this card is shown below the signature line.

JOSEPH JOSHUA WAHL
3705 CAIRNBROOK DR.
COLUMBIA SC 29210-4818

**Keep your card in a safe place to prevent loss or theft.
DO NOT CARRY THIS CARD WITH YOU.
Do not laminate.**



MMDMEV01 SC DEPARTMENT OF HEALTH AND HUMAN SERVICES 07/11/07
MEDICAID ELIGIBILITY VERIFICATION

MEDICAID NUMBER: 7630165236 DATE OF SERVICE: 07/11/2007
SOCIAL SECURITY NUMBER: 247933640
FIRST NAME: JOSEPH MI: J LAST NAME: WAHL
ADDRESS: 3705 CAIRNBROOK DRIVE COUNTY: 32 LEXINGTON
COLUMBIA, SC 29210 CITIZEN: Y
DATE OF BIRTH: 07/30/1993 MEDICAID ELIGIBLE ON 07/11/2007
RECIPIENT HAS AGE EXEMPT FROM COPAY
PMT CATEGORY: 88 OCMT (CHILDREN UP TO AGE 19) PHC

QUAL CATEGORY: 30 AFDC

RECIPIENT HAS 75 HOME HEALTH VISITS REMAINING IN DATE OF SERVICE FISCAL YEAR
RECIPIENT HAS 12 CHIROPRACTOR VISITS REMAINING IN DATE OF SERVICE FISCAL YEAR

RECIPIENT IS UNDER 21. AMBULATORY VISIT COUNTS DO NOT APPLY
** PRESS PF3 FOR RECIP SPECIAL PROGRAMS OR PF4 FOR TPL SUMMARY **

PF3->RSP SUMMARY PF4->TPL SUMMARY PF6->RETURN PF10->MENU

UNAUTHORIZED UNAUTHORIZED

JUL 08 2007

COPY COPY COPY COPY COPY

UNAUTHORIZED UNAUTHORIZED



WE HEREBY CERTIFY THAT THE SIGNATURE OF THE REGISTRAR IS TRUE AND CORRECT.
OFFICE OF THE REGISTRAR
DIVISION OF VITAL RECORDS
N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
W. J. HADLEY
ASSISTANT REGISTRAR

COPY COPY COPY COPY COPY

BIRTH CERTIFICATE

UNAUTHORIZED UNAUTHORIZED

STATE FILE NUMBER : 139-93-027618

COPY COPY COPY COPY COPY

NAME OF REGISTRANT : JOSEPH JOSHUA WAHL
DATE OF BIRTH : JUL 30 1998

SEX : Male

UNAUTHORIZED UNAUTHORIZED

PLACE OF BIRTH : LEXINGTON COUNTY, SOUTH CAROLINA
FATHER'S NAME : JOSEPH WILLIAM WAHL

COPY COPY COPY COPY COPY

MOTHER'S MAIDEN NAME : BRIS BETHLEA WELLS
DATE RECORD FILED : AUG 03 1998

UNAUTHORIZED UNAUTHORIZED

DATE ISSUED : AUG 08 2007

COPY COPY COPY COPY COPY

UNAUTHORIZED UNAUTHORIZED

COPY COPY COPY COPY COPY

UNAUTHORIZED UNAUTHORIZED

COPY COPY COPY COPY COPY



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 11, 2007

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for referring Ms. Jeannine Romano to our agency regarding financial assistance for Joseph J. Wahl.

The Department of Health and Human Services administers the Medicaid program. A member of our staff has been in direct contact with Ms. Romano regarding Medicaid eligibility and the rules and regulations governing the program. Since Medicaid does not provide financial assistance to pay utility bills or living expenses we forwarded Ms. Romano's correspondence to the Lexington County Department of Social Services Director, Mr. Greg Frohnappel, in regard to possible financial assistance. We also mailed Ms. Romano information on resources that may assist with her housing and utility bills.

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,

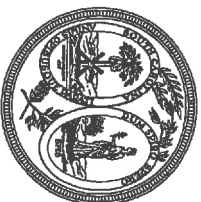
A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/jcod

Log 0181
✓

Log 0181



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 11, 2007

Mr. Greg Frohnappel
County Director
Lexington County Department of Social Services
Post Office Drawer 430
Lexington, South Carolina 29071

Dear Mr. Frohnappel:

Please find enclosed a copy of correspondence from Ms. Jeannine Romano to Congressman Joe Wilson that was forwarded to our agency concerning the financial and personal needs of Joseph J. Wahl. We have provided Ms. Romano with information on charitable and non-profit organizations that may be of assistance. I would appreciate it if your office could contact Ms. Romano at (803) 665-6914 to determine if her family qualifies for any type of financial assistance and answer her questions regarding DSS eligibility guidelines.

Thank you for any assistance your staff may be able to offer Ms. Romano and her family in this regard.

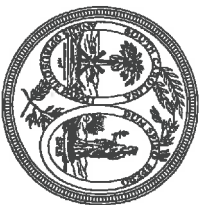
Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/cod

Leg 0181



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 11, 2007

Ms. Jeannine Romano
3705 Cairnbrook Drive
Columbia, South Carolina 29210

Dear Ms. Romano:

Congressman Joe Wilson asked our agency to assist you in obtaining financial aid benefits for Joseph J. Wahl.

The Department of Health and Human Services administers the Medicaid program. Joseph receives Medicaid assistance through our Partners for Healthy Children program. If you have questions regarding Joseph's Medicaid eligibility please contact Mr. Fred Tate, Lexington County Medicaid Supervisor, at (803) 785-2966.

Medicaid is a healthcare program and does not provide financial assistance to pay utility bills or living expenses. I have forwarded a copy of your inquiry to Mr. Greg Frohnappel, Lexington County Department of Social Services Director, for his staff to review for financial assistance. Enclosed is a list of charitable and non-profit organizations in your area that may be able to assist you.

I hope this information is helpful in meeting your family's healthcare and financial needs.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/cod
Enclosures

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Jacobs</i>	DATE 10-5-07
---------------------	----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000181	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 10-12-07
2. DATE SIGNED BY DIRECTOR <i>10/11/07</i> <i>[Signature]</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1. <i>[Signature]</i>	10-9-07		
2. <i>[Signature]</i>	10/12/07		
3.			
4.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:
ARMED SERVICES
EDUCATION AND LABOR
FOREIGN AFFAIRS
HOUSE POLICY

Congress of the United States House of Representatives

COUNTIES:

AIKEN*
ALLEDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)

DINO TEPPARA
CHIEF OF STAFF
AND COUNSEL

October 1, 2007

RECEIVED

OCT 05 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Mrs. Jeannine Romano
For Joseph Joshua Wahl

Dear Mr. Kerr,

I am writing to you on behalf of the above named constituent who has contacted me regarding obtaining benefits for Joseph. Enclosed is a copy of all correspondence for your perusal. Any assistance that you could offer would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,

Logi Jacobs
du mgs
JS

JOE WILSON
Member of Congress

JW/jmc
Enclosure

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
Fax: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
Fax: (202) 225-2455
www.joewilson.house.gov

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. BOX 1538
BEAUFORT, SC 29901
(843) 521-2530
Fax: (843) 521-2535

TOLL FREE 1-888-381-1442

September 28, 2007

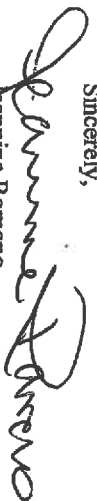
Dear Congresswoman Walcott
To Whom It May Concern,

Joseph J Wahl needs to be included in the system the right way. For years his parents, Joseph Wahl and Betsy Wells, had been collecting welfare without providing Joseph with daily necessities e.g. water, electricity, and food. DSS moved him to his grandmother, Sharon Wingate, who also received financial help while still not providing Joseph with basic needs. On June 21, 2007 we were awarded temporary custody of Joseph. His parents were to be denied any contact with him.

We were trying to do our best for Joseph, by stepping in when no one else would. Since he has been living with us he has been seeing his doctor for regular check-ups, the dentist, his dermatologist, and he has never missed a mental health appointment. It is remarkable how he has improved in the last three months. We were proud to enroll Joseph in Irmo Middle School, after he had been placed in alternative school. He studies, dresses properly, and his psychiatrist, Dr. Evans, is pleased.

Mark and I knew we were not going to stop fighting for Joseph until his life was better. He is now getting most of the basic needs that are entitled to every human being. We were unable to find any of his past school records. This would also help tremendously with providing the proper tutoring that he needs to continue to grow successfully. We were told by various people, that if we were blood related or if Joseph was in the foster care system, he would still be receiving financial assistance. Even though he no longer resides with his parents and we stopped him from being placed in foster care, he still deserves the benefits that financial aid would provide him. Give Joseph J Wahl the aid he needs. Give us a chance to show a child how his life can still improve.

Sincerely,


Jeanine Romano

3705 Carrivonook Dr.
Columbia- SC 29210
803-665-6914

Along with us, the following people have shared an interest in Joseph's future:

Adrea Baker, Human Services Specialist - (803) 785-6791

Christine Daniels, Counselor - (803) 359-7206

Steven Evans, Mental Health - (803) 359-7206

Marie Waldrop, IMS Principal - (803) 732-8204

Mrs. Kooley, Social Worker - (803) 732-8203

Michael Harris, Lexington 5 - (803) 732-8200

C. Christopher Clements, Priest - (803) 798-2776

STATE OF SOUTH CAROLINA
COUNTY OF LEXINGTON

South Carolina Department of Social
Services,

Plaintiffs,

vs.

Betsy Wells and Joseph Wahl,

Defendants,

In the interest of:

Joseph Wahl, DOB: 07-30-93, a minor under the
age of eighteen (18) years.

PC575
IN THE FAMILY COURT
ELEVENTH JUDICIAL CIRCUIT

07-DR-32-0855X N

ORDER OF CONTINUANCE

TRIAL JUDGE:

DATE OF HEARING:

PLAINTIFF'S ATTORNEY:

DEFENDANT'S ATTORNEY:

GUARDIAN AD LITEM:

SCDS:

COURT REPORTER:

Richard W. Chewning, III
June 20, 2007
Montford S. Caughman
Pro Se
Stephen Suggs, Esquire
Kim Madden & Adrea Baker
Wendy Wise Derrick

BETH A. CARRIG
CLERK OF COURT
LEXINGTON, SC

2007 JUN 21 PM 12:38

FILED

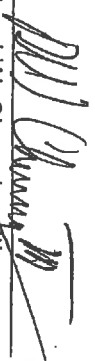
This matter is before me for an Intervention Hearing filed by the Lexington County Department of Social Services.
This court has jurisdiction over the parties and the subject matter of this action.

Plaintiff informed the court that the case needed to be continued to perfect service on the Defendants, and the case
should be rescheduled for a future date.

NOW, THEREFORE, IT IS ORDERED, ADJUDGED, AND DECREED as follows:

1. This hearing shall be continued and shall be rescheduled on a future date.
2. That temporary custody of the minor child, Joseph Wahl, shall be given to Mark Romano and Jeannine Romano, without prejudice to Defendant Betsy Wells.
3. That Mark Romano and Jeannine Romano, family friends, shall be made party Defendants to this action.

AND IT IS SO ORDERED.


Richard W. Chewning, III
Presiding Judge
Eleventh Judicial Circuit

Lexington, South Carolina

June 20, 2007

South Carolina Department of Social Services
SAFETY PLAN

6/14/07

Page ____ of ____

Name: Betsy Wells / Joseph Wahl Case Number: _____

DSS has identified the following concerns as placing your child or children at serious risk of harm. The undersigned have developed this plan for the purpose of preventing removal of the child to foster care or as a plan to control safety concerns during the investigation. The parties enter into this agreement voluntarily. The parents' agreement to this plan is not an admission that they have abused or neglected the child.

If YES is checked, DSS has determined that if the preventive services are not provided or are not effective, ☒ Yes ☐ No foster care will be the plan for the child.

Safety Concern: Betsy Wells agrees to put Joseph Wahl

Preventive Service: (Include specific action, who will be responsible and who will monitor) in the alternative placement of Mark and

Jeannine Romano at 3705 Cairnbrook Dr.

Safety Concern: Mr. + Mrs. Romano agree to supervise visits

Preventive Service: (Include specific action, who will be responsible and who will monitor) between Joseph and Betsy Wells at least

2 times a month.

Safety Concern: _____

Preventive Service: (Include specific action, who will be responsible and who will monitor) _____

This safety plan is subject to change by DSS.

By signing this Safety Plan, the parents and the protector understand and agree that the protector will be responsible for the safety of the child(ren) during the investigation. This agreement will expire in 90 days from date of signature. The parents and protector have the right to and agree to contact the caseworker if they no longer wish to carry out any part of the agreement, have questions, or want to bring something to the worker's attention. If the report is unfounded, the Safety Plan will end automatically on the date of case decision.

[Signature] 6-14-07 [Signature] 6/14/07
Protector's Signature/Relationship to Child Date Worker's Signature Date
[Signature] 6/14/07 [Signature] 6/14/07
Parent's Signature Date Parent's Signature Date

☐ Parent(s)/Caregiver refused to sign
Note: Failure to comply with the Safety Plan may result in court intervention to assure the child's safety.

[Signature] 6/14/07

South Carolina Department of Social Services
SAFETY PLAN

6/14/07

Page ____ of ____

Name: Betsy Wells / Joseph Wells Case Number: _____

DSS has identified the following concerns as placing your child or children at serious risk of harm. The undersigned have developed this plan for the purpose of preventing removal of the child to foster care or as a plan to control safety concerns during the investigation. The parties enter into this agreement voluntarily. The parents' agreement to this plan is not an admission that they have abused or neglected the child.

If YES is checked, DSS has determined that if the preventive services are not provided or are not effective, foster care will be the plan for the child.

☒ Yes ☐ No

Safety Concern:

Betsy Wells agrees to put Joseph Wells in the alternative placement of Mark and Jeanine Romand at 3705 Cairnbrook Dr.

Safety Concern:

Mr. + Mrs. Romand agree to supervise visits between Joseph and Betsy Wells at least 2 times a month.

Safety Concern:

Preventive Service: (Include specific action, who will be responsible and who will monitor)

This safety plan is subject to change by DSS.

By signing this Safety Plan, the parents and the protector understand and agree that the protector will be responsible for the safety of the child(ren) during the investigation. This agreement will expire in 90 days from date of signature. The parents and protector have the right to and agree to contact the caseworker if they no longer wish to carry out any part of the agreement, have questions, or want to bring something to the worker's attention. If the report is unfounded, the Safety Plan will end automatically on the date of case decision.

Mark Romand 6-14-07 Joseph Wells 6/14/07
Protector's Signature/Relationship to Child Date Worker's Signature Date
Betsy Wells 6/14/07
Parent's Signature Date

☐ Parent(s)/Caregiver refused to sign

Note: Failure to comply with the Safety Plan may result in court intervention to assure the child's safety.

Mark Romand 6/14/07

South Carolina Department of Social Services
SAFETY PLAN

6/14/07

Page ____ of ____

Name: Betsy Wells / Joseph Wells Case Number: _____

DSS has identified the following concerns as placing your child or children at serious risk of harm. The undersigned have developed this plan for the purpose of preventing removal of the child to foster care or as a plan to control safety concerns during the investigation. The parties enter into this agreement voluntarily. The parents' agreement to this plan is not an admission that they have abused or neglected the child.

If YES is checked, DSS has determined that if the preventive services are not provided or are not effective, foster care will be the plan for the child. ☒ Yes ☐ No

Safety Concern: Betsy Wells agrees to put Joseph Wells

Preventive Service: (Include specific action, who will be responsible and who will monitor) in the alternative placement of Mark and

Jeannine Roman at 3705 Cairnbrook Dr.

Safety Concern: Mr. + Mrs. Roman agree to supervise visits

Preventive Service: (Include specific action, who will be responsible and who will monitor) between Joseph and Betsy Wells at least

2 times a month.

Safety Concern:

Preventive Service: (Include specific action, who will be responsible and who will monitor)

This safety plan is subject to change by DSS.

By signing this Safety Plan, the parents and the protector understand and agree that the protector will be responsible for the safety of the child(ren) during the investigation. This agreement will expire in 90 days from date of signature. The parents and protector have the right to and agree to contact the caseworker if they no longer wish to carry out any part of the agreement, have questions, or want to bring something to the worker's attention. If the report is unfounded, the Safety Plan will end automatically on the date of case decision.

Protector's Signature/Relationship to Child Jeannine Roman Date 6-14-07 Worker's Signature Debra Baker Date 6/14/07

Parent's Signature Betsy Wells Date 6/14/07 Parent's Signature _____ Date _____

☐ Parent(s)/Caregiver refused to sign

Note: Failure to comply with the Safety Plan may result in court intervention to assure the child's safety.

Mark Roman 6/14/07

Proposed Treatment Plan
June 18, 2007

Case Caption: SCDDSS vs Betsy Wells and Joseph Wahl

A. FINDING

1. The court finds by a preponderance of the evidence that **Betsy Wells** did physically neglect **Joseph Wahl**.
2. The court finds by a preponderance of the evidence that the Department of Social Services had reasonable cause to intervene in this case.
3. This finding shall be entered into the statewide central registry system.

B. PLACEMENT OF CHILD

- 1 The minor child, **Joseph Wahl**, shall be placed in the temporary custody of **Mark** and **Jeannine Romano** without prejudice to **Betsy Wells**.

C. REQUIREMENTS/SERVICES FOR DEFENDANTS.

1. Within 30 days **Betsy Wells** shall make an appointment and keep that appointment to be evaluated for substance abuse by LRADAC at 1325 Harden Street, Columbia, SC, 29204; phone 256-3100. This evaluation is to be completed and presented to the Department of Social Services. The defendant shall further follow all treatment recommendations, to include submitting to random drug screening, until released as having successfully completed by the treating counselor.
2. **Betsy Wells** shall attend and participate in mental health counseling at Lexington County Mental Health (359- 7206), attending all appointments set by her counselor until released as having successfully completed.
3. **Betsy Wells** will secure and maintain appropriate housing for at least 6 months, to include running water, heat, stove, refrigerator, operational plumbing, and secure doors.
5. **Betsy Wells** will maintain a minimum level of cleanliness in his home, keeping all food covered, dishes washed, kitchen surfaces wiped clean, trash removed, and adequate linens on the beds.
6. **Betsy Wells** will cooperate with the Department of Social Services and referrals made by DSS.

8. **Betsy Wells** shall attend and participate in therapy sessions with the minor child as recommended by the child's therapist until released as having successfully completed by the treating counselor.

9. **Betsy Wells** shall keep plaintiff informed of any changes in their circumstances, to include but not limited to, any change in address, household composition, employment, or telephone number, and that any change shall be reported to the South Carolina County Department of Social Services, Lexington County, within three (3) working days of such change occurring.

D. REQUIREMENTS/SERVICES FOR CHILDREN.

1. **Joseph Wahl** shall attend counseling at the Lexington County Community Mental Health Child and Adolescent Center, or a DSS approved provider, and follow all treatment recommendations made by his counselor until successfully terminated;

2. **Joseph Wahl** will comply with a psychological assessment with Dr. Marc Harari, 803-422-0017, and he will follow the recommendations of this evaluation.

E. VISITATION/CONTACT ISSUES.

1. **Betsy Wells** shall have scheduled visitation with **Joseph Wahl** at the discretion of **Mark and Jeannine Romano**.

F. CHILD SUPPORT.

1. The **Betsy Wells** shall be ordered to pay child support in the amount of _____ per month, plus 5% collection costs, beginning _____ payable through the Clerk of Court, _____ County Family Court, with _____ designated as the payee.

Payor:

Address:

Payee: **Mark and Jeannine Romano**

Address: 3705 Cairnbrook Drive, Columbia, SC, 29210

G. REVIEW.

1. This case shall be reviewed in 6 months unless treatment services terminate prior to that time.

2. Review shall be upon motion of any party or as required by law.

H. REASONABLE EFFORTS BY DSS.

1. The Court finds that by, clear and convincing evidence, that the child(ren) is/are threatened with harm absent the successful completion of this treatment plan, services shall continue until such completion.

I. ACCESS TO INFORMATION/AUTHORIZATION.

1. Department of Social Services shall be allowed access to all medical, school, criminal, or professional records that may be necessary to implement this treatment plan.

2. The Guardian ad litem shall continue to monitor this case and have access to information necessary to monitor.

3. The Department of Social Services shall continue to monitor this case.


J. ADDITIONAL PROVISIONS.


1. **Mark Romano and Jeannine Romano** shall be made a party to this action.

2. Defendant **Betsy Wells**, shall pay the \$100.00 court fee pursuant to 20-7-1440 within 60 days of this hearing.

K. TYPE OF HEARING.

1. This hearing shall serve as an intervention hearing.


Human Services Specialist II


Social Services Supervisor I

YOUR SOCIAL SECURITY CARD

Keep this stub with your personal records. The other side contains important information.

Please note: The date we issued this card is shown below the signature line.

ADULTS: Sign this card in ink immediately.

CHILDREN: Do not sign until age 18 or your first job, whichever is earlier.

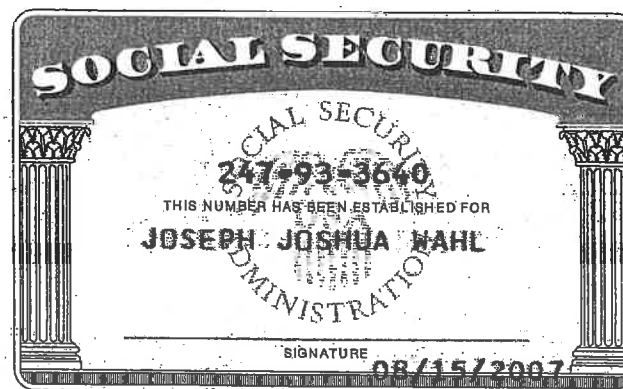
Keep your card in a safe place to prevent loss or theft.

DO NOT CARRY THIS CARD WITH YOU.

Do not laminate.

1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0

JOSEPH JOSHUA WAHL
3705 CAIRNBROOK DR
COLUMBIA SC 29210-4818

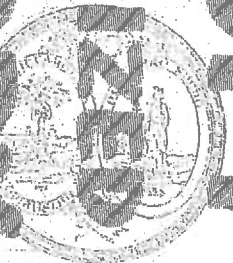


UNAUTHORIZED UNAUTHORIZED UNAUTHORIZED

AUG 08 2007

COPY COPY COPY COPY COPY

UNAUTHORIZED UNAUTHORIZED UNAUTHORIZED



THE STATE OF NORTH CAROLINA
DIVISION OF VITAL RECORDS
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL CONTROL
Assistant Registrar

COPY COPY COPY COPY COPY

BIRTH CERTIFICATION

UNAUTHORIZED UNAUTHORIZED UNAUTHORIZED

STATE FILE NUMBER : 139-93-027618

COPY COPY COPY COPY COPY

NAME OF REGISTRANT : JOSEPH JOSHUA WELLS
DATE OF BIRTH : JUL 30 1993

SEX : MALE

UNAUTHORIZED UNAUTHORIZED UNAUTHORIZED

PLACE OF BIRTH : LEXINGTON COUNTY, SOUTH CAROLINA
FATHER'S NAME : JOSEPH WILLIAM WAHL

COPY COPY COPY COPY COPY

MOTHER'S MAIDEN NAME : BETSY RENEEA WELLS
DATE RECORD FILED : AUG 03 1993

UNAUTHORIZED UNAUTHORIZED UNAUTHORIZED

DATE ISSUED : AUG 08 2007

COPY COPY COPY COPY COPY

UNAUTHORIZED UNAUTHORIZED UNAUTHORIZED

COPY COPY COPY COPY COPY

UNAUTHORIZED UNAUTHORIZED UNAUTHORIZED

COPY COPY COPY COPY COPY

EDIT



Constituent ID

1050

Closed? ☐

Date Closed

Source

Blue Log

Log No.

0181

Due Date

10/12/2007



Print this Form

SSN

000-00-0000

MEDICAID ID

7630165236

First Name

MI

Last Name

Joseph

J

Wahl

Constituent Phone(s)

() -

() -

Constituent Phone Extension

HIPAA Authorization

Reason for Referral

Other

Staff ID

Staff First Name

Staff Last Name

2

Jennifer

Dabbs

Point of Contact

Authorized Rep

Jeannine Romano

Rep Phone

(803) 665-6914

Relationship

Legal Guardian

Legislator/ Other

Congressman Wilson

Entry Date

10/ 8/2007

Last Update

10/ 8/2007

Last Update User

LYNCHJEN

Apply

Cancel

Close

Constituent# 1050				
	Notes ID	Entry Date	Last Update	Notes
▶	1717	10/9/2007	10/9/2007	Letters to Mark for review. LYNCHJEN 10/9/2007 2:01:03 PM
	1710	10/9/2007	10/9/2007	Spoke with Ms. Romano and she is aware that he has Medicaid coverage and said it helps so much. She asks for any type of financial assistance. I told her I was going to mail her a list of non-profit organizations that may help and that we were also referring her letter to DSS for their review. She has my name/number if problems arise with Medicaid. LYNCHJEN 10/9/2007 11:02:32 AM
	1709	10/9/2007	10/9/2007	Called and left a message for Ms. Romano to call me back. LYNCHJEN 10/9/2007 9:18:36 AM
<	1708	10/9/2007	10/9/2007	Fred says that he is protected until 7/9/08.

Case Notes ID	Entry Date	Last Update	Last Update User	Notes
1710	10/9/2007	10/9/2007	LYNCHJEN	Spoke with Ms. Romano and she is aware that he has IV
1709	10/9/2007	10/9/2007	LYNCHJEN	Called and left a message for Ms. Romano to call me bac
1708	10/9/2007	10/9/2007	LYNCHJEN	Fred says that he is protected until 7/9/08 and LYNCHJEN
1707	10/9/2007	10/9/2007	LYNCHJEN	

EDIT

Case Notes ID 1710

Constituent Data

Constituent ID 1050
 SSN 000000000
 MEDICAID 763016523600
 First Name Joseph
 Middle Initial J
 Last Name Wahl
 Legislator / Other Congressman Wilson

Notes

Spoke with Ms. Romano and she is aware that he has Medicaid coverage and said it helps so much. She asks for any type of financial assistance. I told her I was going to mail her a list of non-profit organizations that may help and that we were also referring her letter to DSS for their review. She has my name/number if problems arise with Medicaid. LYNCHJEN 10/9/2007 11:02:32 AM

Staff Data

Staff ID 2
 Jennifer Dabbs

Spell Check Entry Date 10/9/2007
 Grammar Check Last Update 10/9/2007
 Print this Form Last Update User LYNCHJEN

From: Fred Tate
To: Jennifer Dabbs
Date: 10/8/2007 2:21 PM
Subject: Re: Joseph J. Wahl HH# 101201188

CC: Pat McWhite

Yes. His eligibility was not based on her circumstances. Fred Tate

>>> Jennifer Dabbs 10/08/07 2:06 PM >>>
Good afternoon,

Congressman Wilson's office forwarded us a letter from Jeannine Romano, Joseph's AR, regarding "financial assistance". Her letter says that since she is not a blood relative, she cannot get assistance. I know this doesn't have anything to do with his Medicaid, but wanted to be sure that he is protected until 7/9/08. I would like to include that in the letter. I think this letter was mistakenly referred to us, but we still must respond. Thanks for checking it out!!!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
jnchjen@scdhs.gov

MEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/08/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 07 / 2007 THRU: __ / __ PAGE: 3 OF 3

HH NAME: JOSEPH J WAHL HH NUMBER: 101201188
 BGN: 09691024 PCAT: PHC SPN: ACT TYPE: MAINTENANC
 BG: A BGP: A WKR: FTATE FRED TATE ACT DATE: 07/09/07
 RCP NAME: JOSEPH J WAHL RCP NUMBER: 7630165236
 PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:
 IT: _ PING-PONG: _ RETRO: N EXPARTE: N QMB: N PROT PER DATE: 07/09/2008
 ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT DATES---		--MEDICAID+QMB DATES--		SERVICE	REASON	REASON
BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
07/01/2007						
01/01/2000	05/01/2001					
01/01/1998	12/01/1998					
02/01/1997	10/01/1997					

UPDATED: USER ID: FTATE DATE: 07/09/07 SYSTEM ID: ELD3000 DATE: 07/09/07
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU
 PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

4EDHMS05 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/08/07
MEDSPROD AUTHORIZED REPRESENTATIVE ACTION:

HH NAME: WAHL JOSEPH J ACTION TYPE: MAINTENANCE
HH NUMBER: 101201188 APL STATUS: ACTION DATE: 07/09/07

AUTHORIZED REP/RESPONSIBLE PARTY MAILING ADDRESS:
NAME: JEANNINE ROMANO

ADDRESS: RELATIONSHIP: NR NO REL
3705 CAIRNEROOK ROAD

LEGAL RELATIONSHIP:
COLUMBIA SC 29210- COMMITTEE/CONSERVATOR
HOME PHONE: - - X GUARDIAN
WORK PHONE: - - POWER OF ATTORNEY
E-MAIL: _____

UPDATED: USER ID: FTATE DATE: 07/09/07 SYSTEM ID: HMS5000 DATE: 07/09/07
ME900049 HOUSEHOLD RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF10->PREV MENU
PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+