

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Floyd</i>	DATE <i>10-5-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  000633	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>CC Jacobs</i> <i>cleared 10/16/08, attn attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-16-08</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.			

RECEIVED

JUN 05 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

To whom it may concern, I  
NEED help in finding information  
REGARDING PROGRAMS and SERVICES FOR  
EX-FELON or Recently Released inmates.  
I BEEN INCARCERATED FOR THE PAST  
12 YR and I'm Being Released July/08  
And I'm Going TO NEED some  
help. So can you please send  
me some information.

Arthur Young

Thank you for taking  
the time to respond my  
letter,

God Bless you!!

WILLIAM A. PRINCE, DIRECTOR

S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
JEFFERSON SQUARE PLAZA,  
1801 MAIN STREET, P.O. BOX 8206  
COLUMBIA, SC 29202-8206

REQUEST FOR INFORMATION REGARDING PROGRAMS  
AND SERVICES FOR EX-FELONS ON RECENTLY  
RELEASED FROM PRISON,



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

Mark Sanford  
Governor

Emma Forkner  
Director

June 16, 2008

Mr. Antonio Rouse # 197872  
Kershaw Correctional Institution  
4848 Goldmine Highway  
Kershaw, South Carolina 29061

Dear Mr. Rouse:

Thank you for writing the South Carolina Department of Health and Human Services regarding information on programs in South Carolina to assist you following the completion of your incarceration.

Our agency administers Medicaid, which is a healthcare program. To qualify for Medicaid, an individual must meet both federal and state financial and categorical requirements. A Medicaid eligibility worker can determine if you qualify based on the information provided from an application if you decide to apply. We have enclosed an overview of the Medicaid program, as well as, material on other healthcare options. If you have any questions about the Medicaid program, please call toll free at 1-888-549-0820 or visit our website at [www.dhhs.state.sc.us](http://www.dhhs.state.sc.us).

While Medicaid does not provide financial assistance to pay for food, housing, utility bills, or other living expenses, we have included a list of state agencies that may be of help to you. You may also wish to contact charitable or non-profit organizations in the South Carolina County where you intend to reside.

We hope this information proves helpful and informative to you.

Sincerely,

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

Alicia Jacobs  
Acting Deputy Director

AJ/coll  
Enclosures

Medicaid Eligibility and Beneficiary Services  
P.O. Box 8206 • Columbia, South Carolina 29202-8206  
Phone (803) 898-2502 • Fax (803) 255-8235

Log # 633 ✓