

**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 10/10/08, atts</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-10-08</i>
	<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.			
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 Imprisoned 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 or Recently
Released From Prison,



State of South Carolina
Department of Health and Human Services

Log # 633

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.

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, appearing to read "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