

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

**ACTION REFERRAL**

TO  <i>Supra</i>	DATE  <i>11-22-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>000182</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Mr. Tyeck, Host</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-5-13</i>
<i>cleared 12/4/13, 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 CAROLINA280 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-6872UNITED STATES SENATE  
Fax Transmittal SheetTO: DHHS - 708 4515FROM: Sen. J. TalbotDATE: 11/20COMMENTS: Cashwork2 PAGE(S) TO FOLLOWIF THERE IS ANY PROBLEM RECEIVING THIS FAX, PLEASE  
CALL (803) 933-0112.

**Confidentiality:** This message is intended solely for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the person responsible for delivering it to the recipient, you are put on notice that any dissemination, distributing or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message at the address via U.S. Postal Service.

Thank you.

LINDSEY O. GRAHAM  
SOUTH CAROLINA



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

## UNITED STATES SENATE

November 20, 2013

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

Dear Mr. Keck:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, I am sending this correspondence to your attention.

Thank you for your attention to this matter, and I ask that you please respond directly to the individual.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Graham".

Lindsey O. Graham  
United States Senator

LOG/jsj

Enclosure

LINDSEY O. GRAHAM  
SOUTH CAROLINA

NOV 19 2013

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WASHINGTON, DC 20510  
(202) 224-5972

## UNITED STATES SENATE AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize the appropriate agency 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: Rhonda Floyd Phone: 803-653-1436

Address: 2040 Hamma Ln.

City: Wagener State: SC Zip: 29164

Social Security Number: 251-21-7196 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 am trying to get my Medicaid  
reinstated due to they made me take  
widows benifits they say my income is  
to much. But man at ss. office said due  
to fact I have 3 non curcable progressive  
diseases and one of my medicines is \$1600.00

Signed: Rhonda Floyd Date: 11-18-2003

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  
508 Hampton Street, Suite 202  
Columbia, South Carolina 29201  
Phone: (803) 933-0112  
Fax: (803) 933-0957

December 4, 2013

Ms. Rhonda Floyd  
2040 Hamma Lane  
Wagener, SC 29164

Dear Ms. Floyd:

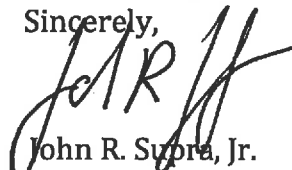
Senator Lindsey Graham contacted our Agency on your behalf regarding Medicaid eligibility.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid under the Aged, Blind or Disabled (ABD) program, an individual must meet the income requirement. Your monthly income exceeds the allowable limit for the ABD program, which is \$958 for an individual. Income guidelines are based on gross earnings and do not allow deductions for taxes, utilities, car payments, or other living expenses.

If you have additional questions regarding the Medicaid program, please contact Ms. Carolyn Roach in our Office of Member Relations and she will be happy to assist you. Ms. Roach can be reached at (803) 898-3967.

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,



John R. Supra, Jr.  
Deputy Director

JRS:j

