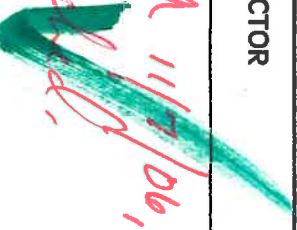


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>10/31/06</i>
-----------------------	-----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000332</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>11/7/06</i> <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <div style="text-align: center;">  <i>Cleaved on 11/7/06, letter attached.</i> </div>	

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.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA
ASSISTANT MAJORITY WHIP

COMMITTEES:
ARMED SERVICES
INTERNATIONAL RELATIONS
EDUCATION AND THE WORKFORCE
HOUSE POLICY

Congress of the United States House of Representatives

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)
ERIC DELL
CHIEF OF STAFF

October 26, 2006

RECEIVED

OCT 30 2006
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: Ms. Cindy Dyches
SSN 248-21-6687

Dear Mr. Kerr,

I am writing to you on behalf of the above named constituent who has contacted me regarding her Medicare. 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,



JOE WILSON
Member of Congress

JW/jmc
Enclosure

MIDLANDS OFFICE:
1700 SUNSET BLVD., (US 378), SUITE 1
WEST COLUMBIA, SC 29169
MAILING ADDRESS: P.O. BOX 7381
COLUMBIA, SC 29202
(803) 939-0041
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
FAX: (202) 225-2455
E-MAIL: joe.wilson@mail.house.gov
WEBSITE: www.house.gov/joewilson

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

OCT 02 2006 ✓

Jackie T. Holman, Mayor
Miles Loadholt
Town Attorney
Kenneth J. Bamberg
Police Chief
Charles Epps
Fire Chief
Harlett P. McKnight
Clerk and Treasurer



Council
Kelvin Isaac
M. Ann Pemeil
Billy Johnson
Harry Felder, III
Ruben R. (Rues) Reed, Jr.
Patricia Brown

FAX: (803) 284-3243

PHONE: (803) 284-2444

DATE: Oct 2, 06

NUMBER OF PAGES (including this sheet): 4

FAX NUMBER: 1-803-939-0078

TO: Congressman Joe Wilson

FROM: Lindy Dyer

COMMENTS:

Please Check into this matter
for the my cell # is 803-300-3510
I give permission for you to contact
all my doctors

Thank you

Lindy Dyer

TOWN OF BLACKVILLE

5983 L'Artigue Street • Blackville, South Carolina 29817 • Phone (803) 284-2444 • Fax (803) 284-3243

Sept 29, 06

Dear Congressman Wilson

You please asking you to help me with some assistance in getting my medicare reinstated so I can get the medical attention I need.

I give my permission for you to contact my doctors and my Name is Cindy Clarke
SS # 248-21-6687 Birthday 12-31-64
Address 886 Honeycuckle Rd
Blackville SC 29817 Cell phone #
(803) 380-3510 My letters

from my doctors are included I filled for my disability due to the fact my other problems are having with Blood Sugar Chopping suddenly and other diseases I have.

But yes you have my permission to check into all of this information I've given you.

Thank you so much for your help in this matter.

Sincerely yours
Cindy Clarke



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

November 7, 2006

Ms. Cindy Dyches
886 Honeysuckle Road
Blackville, South Carolina 29817

Dear Ms. Dyches:

Congressman Joe Wilson asked our agency to respond to your questions about Medicaid eligibility and healthcare needs.

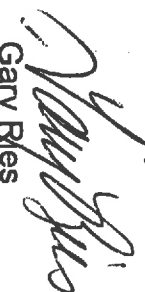
We attempted to contact you by telephone at 803-300-3510, but were unable to leave a message. Please call Bob Liming at 803-898-2621 and he will be glad to address specific questions you may have about Medicaid eligibility.

Your prior coverage under Medicaid's Low Income Families (LIF) program ended in February 2006 because you no longer have an eligible child in your household. LIF requires recipients to meet certain financial and categorical requirements. You currently receive Family Planning Medicaid, which provides limited family planning service coverage only.

Unfortunately, your application for disability with the Social Security Administration (SSA) was denied. Medicaid uses the same disability requirements to determine eligibility for our Aged, Blind or Disabled (ABD) program; therefore, we must adopt their decision. Please call the Columbia SSA Office of Adjudication and Review at 803-799-7771 with any questions about your disability denial.

We mailed you information on a number of programs that can provide medical and prescription help to people with limited incomes. I hope this information proves helpful in meeting your healthcare needs.

Sincerely,


Gary Ries
Deputy Director

332





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

November 29, 2006

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for referring Ms. Cindy M. Dyches to our agency regarding her Medicaid eligibility and healthcare needs.

We were unable to reach Ms. Dyches by telephone so we responded in writing. As indicated in her letter, Ms. Dyches has applied for disability. Since the Social Security Administration (SSA) administers the disability benefits payment program and denied her application for disability, we advised her how to contact the SSA Office of Adjudication and Review regarding her case. Medicaid uses the same disability requirements to determine eligibility for our Aged, Blind or Disabled (ABD) program; therefore, her application for ABD was also denied.

We mailed her information on a number of healthcare programs that may be able to assist with her medical and prescription needs.

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,


Robert M. Kerr
Director

RMK/rjoi



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

Ms. Cindy Dyches
886 Honeysuckle Road
Blackville, South Carolina 29817

Dear Ms. Dyches:

Congressman Joe Wilson asked our agency to respond to your questions about Medicaid eligibility and healthcare needs.

We attempted to contact you by telephone at 803-300-3510, but were unable to leave a message. Please call Bob Liming at 803-898-2621 and he will be glad to address specific questions you may have about Medicaid eligibility.

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DS

Sincerely,

Gary Ries
Deputy Director

GR/jol



State of South Carolina

Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for referring Ms. Cindy M. Dyches to our agency regarding her Medicaid eligibility and healthcare needs.

We were unable to reach Ms. Dyches by telephone so we responded in writing. *As indicated in her letter, Ms. Dyches has applied for Disabled* Since the Social Security Administration (SSA) administers the disability benefits payment program and denied her application for disability, we advised her how to contact the SSA Office of Adjudication and Review regarding her case. Medicaid uses the same disability requirements to determine eligibility for our Aged, Blind or Disabled (ABD) program; therefore, her application for ABD was also denied.

Her previous coverage under Medicaid's Low Income Families (LIF) program ended in February 2006 because she no longer has an eligible child in her household. LIF requires recipients to meet certain financial and categorical requirements. Ms. Dyches does receive Family Planning Medicaid, which provides limited family planning service coverage only.

We mailed her information on a number of healthcare programs that may be able to assist with her medical and prescription needs.

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,

Robert M. Kerr
Director

RMK/rjl

Medicaid Programs / Other Resources Check List

Log # 0332

Legislator/Inquirer: Congressman Wilson

Constituent: Cindy Dychas

SS#: 248-21-6687

PROBLEM / ISSUE:		FAMILY SIZE	INCOME/ RESOURCE	MEDICAID PROGRAMS	OTHER RESOURCE
Client upset over LIF coverage ended, but they no longer have eligible child		2	LIF ^{LIF} 833 ⁸³³	ABD	Communicare
		STAFF PERSON		Foster Children	FQHC
		Bob himing	HCBS	Free Medical Clinics	
DATE	ACTIONS TAKEN TO HELP:		LIF	Medicare	
10/31/06	Get file from Jenny, locate in MEDS, e-mail worker re status, can't reach client by phone		MAO	MiAP	
11/1/06	Call twice trying to reach client, can't leave a message, e-mail case worker		MBCCP	Prescription Drug Programs	
11/2/06	Jenny verifies ABD denied 10/16 when we adopted SSA decision		Optional Supplement	Social Security	
11/2/06	Again try to reach by telephone, mail CRC, MiAP, prescription data		PHC	TogetherRX	
10/3/06	locate tel #, but this one disconnected, verify in MEDS child now 18, not in school - LIF terminated		Pregnant Women/Infants		
10/3/06	Husband fully covered under Medicare, including Extra help Part D		SILVERxCARD		
10/3/06	Complete letters, did one to Congressman since it was requested		SLMB		
			SSI		
			TEFRA		
			Working Disabled		

4EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/03/06
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: DYCHES CINDY ACTION TYPE: APPLICATION
HH NUMBER: 100624201 APL STATUS: LOCKED ACTION DATE: 12/30/05
APPL EFFECTIVE DATE: 12/29/2005 WORKER: LPRIE LINDA PRIESTER
MAIL IN(Y/N): N
APPLICANT'S COUNTY: 06 BARNWELL WORKER'S COUNTY: 06 BARNWELL
COURTESY APPLICATION(Y/N): N
MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH
886 HONEYSUCKLE ROAD REASON FOR APPLICATION:

BLACKVILLE SC 29817- ADULT WITH CHILDREN(Y/N): Y
CHILDREN 1 AND OVER(Y/N): Y
INFANTS UNDER AGE 1(Y/N): N
RESIDENCE ADDRESS: PREGNANT(Y/N): N
BLIND/DISABLED(Y/N): Y

AGED(Y/N): N

LIMITED DATA COLLECTION: 00 NONE
FIRST SIGNATURE OBTAINED(Y/N): Y

PHONE: H: 803-284-9502 W: - - WITHDRAW APPLICATION(W/C/N): N

UPDATED: USER ID: LPRIE DATE: 12/30/05 SYSTEM ID: HMS5000 DATE: 12/30/05
ME904667 APPLICATION RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES
PF10->PREV MENU PF13->FIELD LEVEL HELP

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 09/25/06 END: PAGE: 0001

NAME: DYCHES CINDY HH NAME: DYCHES CINDY

RCP NUMBER: 5062322002 HH NUMBER: 100624201 ACTION TYPE: MAINTENANCE

SSN: 248-21-6687 VC: V APL STATUS: ACTION DATE: 09/25/06

PRIMARY INDIVIDUAL: APL CO: 06 WORKER ID: LPRIE LOCATION: 001

886 HONEY SUCKLE RD SSCN: 248331621B2 RRN:

RACE: 01 SEX: F MARITAL STATUS: M

TPL INSURANCE: N RELATION: SELF

DOB: 12/31/1964 DOD:

BLACKVILLE SC 29817- LTV ARRANGEMENT: HOME INCOME TRUST:
CORRECT RCP NUMBER: PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF POV	CHIP			
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	29145426	02/01/2006	55	30	LIMITED	N	Y		.95	
-	78926517	09/01/2005	02/01/2006	59	30	FULL	N	N	.30	
-	90627233	11/01/2001	09/01/2005	59	30	FULL	N		1.54	

UPDATED: USER ID: LPRIE DATE: 12/30/05 SYSTEM ID: TTR1001 DATE: 01/04/03
ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

248-21-6687

Cindy Dyches

letter to worker on
10/1/06

Adopting disallowance

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 09/25/06 END: PAGE: 0001

NAME: DYCHES CINDY HH NAME: DYCHES CINDY

RCP NUMBER: 5062322002 HH NUMBER: 100624201 ACTION TYPE: MAINTENANCE

SSN: 248-21-6687 VC: V APL STATUS: ACTION DATE: 09/25/06

PRIMARY INDIVIDUAL: APL CO: 06 WORKER ID: LPRIE LOCATION: 001

886 HONEY SUCKLE RD SSCN: 248331621B2 RRN:

RACE: 01 SEX: F MARITAL STATUS: M

TPL INSURANCE: N RELATION: SELF

DOB: 12/31/1964 DOD:

BLACKVILLE SC 29817- LTV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	29145426	02/01/2006		55	30	LIMITED	N	Y	.95	
-	78926517	09/01/2005		02/01/2006	59	FULL	N	N	.30	
-	90627233	11/01/2001		09/01/2005	59	FULL	N		1.54	

UPDATED: USER ID: LPRIE DATE: 12/30/05 SYSTEM ID: TTR1001 DATE: 01/04/03
ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

4EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: DYCHES CINDY

ACTION TYPE: MAINTENANCE

HH NUMBER: 100624201 APL STATUS:

ACTION DATE: 09/25/06

APPL EFFECTIVE DATE: 09/25/2006

WORKER: LPRIE LINDA PRIESTER

MAIL IN(Y/N): N

APPLICANT'S COUNTY: 06 BARNWELL

WORKER'S COUNTY: 06 BARNWELL

COURTESY APPLICATION(Y/N): N

MAILING ADDRESS:

886 HONEY SUCKLE RD

PRIMARY LANGUAGE: E ENGLISH

REASON FOR APPLICATION:

ADULT WITH CHILDREN(Y/N): N

CHILDREN 1 AND OVER(Y/N): N

INFANTS UNDER AGE 1(Y/N): N

BLACKVILLE

SC 29817-

PREGNANT(Y/N): N

RESIDENCE ADDRESS:

BLIND/DISABLED(Y/N): Y

AGED(Y/N): N

LIMITED DATA COLLECTION: 00 NONE

FIRST SIGNATURE OBTAINED(Y/N): Y

WITHDRAW APPLICATION(W/C/N): N

PHONE: H: - - W: - -

UPDATED: USER ID: LIONE DATE: 10/17/06 SYSTEM ID: HMS5000 DATE: 09/25/06

ME900049 HOUSEHOLD RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES

PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

AEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:
 NAME: DYCHES CINDY MEMBER PERIOD START: 09/25/06 END:
 RCP NUMBER: 5062322002 HH NUMBER: 100624201 ACTION TYPE: MAINTENANCE
 SSN: 248-21-6687 VC: V APL STATUS: ACTION DATE: 09/25/06
 APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:
 DOB: 12/31/1964 AGE: 41 SC RES(Y/N): Y QUESTIONABLE(Y/N): N
 DOD: MEDICARE COVERAGE(Y/N): N
 SEX: F FEMALE RACE: 01 WHITE SS CLAIM NUMBER(Y/N): Y 248331621B2
 REL: SFI SELF RAILROAD NUMBER(Y/N): N
 SSI APPLICATION DATE: LIV ARRANGEMENT: HOME HOME
 MARITAL STATUS: M MARRIED PROVIDER NAME:
 STUDENT STATUS: GRADE: ADMISSION DATE:
 PREGNANT(Y/N): N EDC: # DATE OF DISCHARGE:
 BLIND/DISABLED(Y/N): N RSP(Y/N): N CHILD SUPPORT/ALIMONY PAID(Y/N): N
 DISABILITY ONSET: VC: N CHILD CARE/INCAPACITATED EXPENSE(Y/N): N
 VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): N UNEARNED INC(Y/N): N
 US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: G
 US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y
 UPDATED: USER ID: LPRIE DATE: 09/25/06 SYSTEM ID: DATE:
 ME900063 RECIPIENT RECORD FOUND
 2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO
 15>EINC 16>UINC 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

MEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 02 / 2006 THRU: / PAGE: 3 OF 3

HH NAME: CINDY DYCHES
HH NUMBER: 100624201

BG NUMBER: 29145426 CATEGORY: FP ACTION TYPE: MAINTENANCE

BG: A BGP: A WKR: LOWAJ LOWANN JOHNSON ACTION DATE: 03/03/06

RCP NAME: CINDY DYCHES
RCP NUMBER: 5062322002

PREVIOUS BG:	NEW BG:	CORRECT RCP NUMBER:
--------------	---------	---------------------

IT: _____ PING-PONG: _____ RETRO: N EXPARTE: N QMB: N PROT PER DATE: _____

ACTUAL ELIGIBILITY DATES

LIMITED

---BENEFIT DATES---

BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
-------	-----	-------	-----	------	--------	--------

02/01/2006

[illegible]

UPDATED: USER ID: LOWAJ	DATE: 03/03/06	SYSTEM ID: ELD3000	DATE: 03/03/06
-------------------------	----------------	--------------------	----------------

ME9000115 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

MEDEL000 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

HH NAME: CINDY DYCHES DATES-FROM: 08 / 2005 THRU: ____ / ____ PAGE: 1 OF 3
BG NUMBER: 78926517 CATEGORY: LIF QCAT: 30 HH NUMBER: 100624201
BG: C BGP: C WKR: JULIJ JULIE JONES ACTION TYPE: MAINTENANCE
ACTION DATE: 12/14/05

REQUIREMENTS - CINDY D - - - - -
APPLYING: A
CITIZENSHIP: P
RESIDENCY: P
SSN: P
PREGNANCY: N/A
AGE: P
RELATIONSHIP: P
IDENTITY: P
DISABLED/BLIND: N/A
ASSIGNMENT OF RIGHTS: P
REFERRAL TO OTHER BENEFITS: P
LIVING ARRANGEMENTS: N/A
UPDATED: USER ID: JULIJ DATE: 12/14/05 SYSTEM ID: ELD3000 DATE: 12/14/05
ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
PF1->HELP PF3->NEXT SCR PF5->HH MBR DTL PF6->RETURN PF10->MENU PF13->FIELD HELP
PF16->BG DET PF18->RCP INFO PF19->LEFT PF20->RIGHT PF21->HIST- PF22->HIST+

MEDEL001 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 DATES-FROM: 08 / 2005 THRU: __ / __ PAGE: 2 OF 3
 HH NAME: CINDY DYCHES CATEGORY: LIF HH NUMBER: 100624201
 BG NUMBER: 78926517 ACTION TYPE: MAINTENANCE
 BG: C BGP: C WKR: JULIJ JULIE JONES ACTION DATE: 12/14/05
 COUNTABLE BG MEMBERS: 1
 COUNTABLE INCOME: 241.60 COUNTABLE RESOURCES: 0.00
 INCOME LIMIT: 387.00 RESOURCE LIMIT: 0.00
 POV-LVL: +.30 % HLTH INS PREM: 0.00
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
 MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y
 MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 12/14/05
 MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 05/19/06
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: _____
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:
 085 Your child is not a full-time student.

ELIGIBILITY DECISION APPEALED? (Y/N) _ CONTINUE BENEFITS? (Y/N): _
 APPEAL REQUEST DATE: _____ COUNTY DECISION UPHELD? (Y/N): _
 UPDATED: USER ID: JULIJ DATE: 12/14/05 SYSTEM ID: ELD3000 DATE: 12/14/05
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
 PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP
 PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDEL02 P	S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES	DATE: 10/31/06
MEDSPROD	MEDICAID ELIGIBILITY DECISION	ACTION:

DATE-S-FROM: 08 / 2005 THRU: /

PAGE: 3 OF 3

CINDY DYCHES

7

CATEGORY: LIFE

HH NUMBER: 100624201

Q

JULIE JONES

ACTION	TYPE: MAINTENANCE
ACTION	DATE: 12/14/05

CINDY DYCHES

RCP NUMBER: 5062322002

42

NEW BG:

CORRECT RCP NUMBER:

S-PONG:

N PROT PER DATE:

ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT DATES---

--MEDICAID+OMB DATES--

SERVICE

REASON

REASON

BEGIN END

BEGIN END

TYPE

CODE 1

CODE 2

02/01/2006

085

UPDATED: USER ID: JULIJ DATE: 12/14/05 SYSTEM ID: ELD3000 DATE: 12/14/05
ME900053 PAGE REQUEST SET TO THE LAST PAGE

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

4EDHMS91 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD HH MBR PARENTAL/CITIZENSHIP/IDENTITY DETAIL ACTION:

NAME: DYCHES CINDY HH NAME: DYCHES CINDY
RCP NUMBER: 5062322002 HH NUMBER: 100624201 ACTION TYPE: MAINTENANCE
SSN: 248-21-6687 APL STATUS: ACTION DATE: 09/25/2006

COUNTY OF BIRTH: (FOR SC BIRTHS ONLY)

MOTHER'S INFORMATION: FATHER'S INFORMATION:
FIRST NAME: FIRST NAME:
MAIDEN NAME: LAST NAME:

CITIZENSHIP INFORMATION: IDENTITY INFORMATION:
PROOF OF CITIZENSHIP VERIFIED(Y/N): Y PROOF OF IDENTITY VERIFIED(Y/N): Y
SRC DOCUMENT: SDX SDX DATA MATCH SRC DOCUMENT: SDX SDX DATA MATCH
OTHER DESC: OTHER DESC:
SRC DOCUMENT#: SRC DOCUMENT#:
STATE OF ORIGIN: STATE OF ORIGIN:

UPDATED: USER ID: DATE: SYSTEM ID: SDX0002 DATE: 07/15/06
ME900063 RECIPIENT RECORD FOUND
PF1->HELP PF2->PREV MBR PF3->NEXT SCR PF4->REFH PF6->RETURN PF9->HH NOTES
PF10->MENU PF13->FIELD HELP PF21->HIST- PF22->HIST+ PF23->SDX01

4EDHMS90 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSEPROD HH MBRS CITIZENSHIP/IDENTITY SUMMARY

HH NAME: DYCHES CINDY PAGE: 1
HH NUMBER: 100624201 APL STATUS: ACTION TYPE: MAINTENANCE
ACTION DATE: 09/25/2006

S	RCP NUMBER	PI NAME	AGE	PARENTS (Y/N)?	CTZNSHIP/ID VRF COMP(Y/N)?
-	5062322001	CALVIN M DYCHES	041	N	Y
-	5062322002	* CINDY DYCHES	041	N	Y

ME900049 HOUSEHOLD RECORD FOUND
PF1->HELP PF3->NEXT SCR PF6->RETURN PF7->PREV PF8->NEXT
PF9->NOTES PF10->PREV MENU PF13->FIELD HELP

4EDHMS07 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/03/06
MEDSPROD HOUSEHOLD MEMBERS ACTION:

HH NAME: DYCHES CINDY ACTION TYPE: APPLICATION
HH NUMBER: 100624201 APL STATUS: LOCKED ACTION DATE: 12/30/05

PAGE: 0001

COMPLETE FOR ALL HOUSEHOLD MEMBERS

A/ A	RCP	NUMBER	NAME	CAT1	CAT2	REL	AGE	Y/N	Y/N	LA
NA		2051335701	CHRISTEL E DYCHES			CHILD	018	N	N	HOME
NA		5062322001	CALVIN M DYCHES			SELF	041	N	Y	HOME
A		5062322002	CINDY DYCHES	ABD		SELF	041	N	N	HOME

UPDATED: USER ID: LPRIE DATE: 12/30/05 SYSTEM ID: HMS5000 DATE: 12/30/05
ME904667 APPLICATION RECORD FOUND

PF1->HELP PF2->HH MEMBER DETAIL PF3->NEXT SCR PF4->REFRESH PF6->RETURN
PF7->PREV PF8->NEXT PF10->MENU PF13->FIELD LEVEL HELP