

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

ACTION REFERRAL

| | |
|-------------|--------|
| TO | DATE |
| Jacobs/FOIA | 1-9-08 |

| | |
|--|---|
| DIRECTOR'S USE ONLY | ACTION REQUESTED |
| 1. LOG NUMBER 000346 | <input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR cc: Single km, Stensland Closed 1/17/08, letter attached. | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 1-24-08 <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

Keith Houdershielt

GS-1016

1 Kelley Drive

Coal Township, PA 17866-1021

JAN 09 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Health and Human Services Department

According to the Freedom of Information ACT 5 USC § 552 (a)(6)(A)(i) Public Information, please send me the following via mail delivery:

RE: My request is for the state of South Carolina and for the cities of Charleston and Columbia

1) Any and all resources you have to help me be prepared to re-enter society

I'd appreciate it if you get back to me as soon as possible and I wanna thank you for your time and consideration in this most important matter, I will eagerly be awaiting a response from you

Sincerely,

Keith Houdershielt

January 6th, 2008



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Erma Forkner
Director

TO:

FROM:

SUBJECT: Cost of Processing Request for Information

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

| | | |
|---|-------------|-----------------|
| Staff processing time at \$10.00 per hour | _____ Hours | \$ _____ |
| Pages copied at \$.10 per page | _____ Pages | \$ _____ |
| Pages faxed at \$.20 per page | _____ Pages | \$ _____ |
| Shipping and Handling Costs | | \$ _____ |
| Other costs associated with the FOIA request: | _____ | \$ _____ |
| Total Amount Due SCDHHS: | | \$ _____ |

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____

Date: _____



State of South Carolina
Department of Health and Human Services

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Mark Sanford
Governor

Erinna Folkner
Director

January 17, 2008

Mr. Keith Houdershielt
GS-1016
1 Kelley Drive
Coal Township, Pennsylvania 17866-1021

Dear Mr. Houdershielt:

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. 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.

Medicaid eligibility is based on federal and state requirements in which an individual must meet certain financial and categorical requirements. If you decide to apply, a Medicaid eligibility worker can determine whether or not you qualify based on your application. 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, you can get more information by visiting our website at www.dhhs.state.sc.us, or by calling 1-888-549-0820.

We hope this information is helpful to you.

Sincerely,

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

Alicia Jacobs
Interim Deputy Director

AJ/cdl
Enclosures

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