

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells/FOIA	1-16-07

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER	600454	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	cc: Singleton, Stensland Cleared 1/19/07, after attached.	<input checked="" type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action DATE DUE 1-30-07	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

1-11-07

Jeff Stenlund
Dept of Health & Human Services
P.O. Box 5206
Columbia, SC 29202

RECEIVED

JAN 16 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Please send me the cost reports for
the following facilities! per Freedom of Information Act -
cost reports October 2005 - Sept. 2006

Average Nursing Center
1201 N. Cedar
Florence, S.C. 29501

Jo S. Wells
"FOIA"
cc: Singleton
Stenlund

Heritage Home
515 S. Waring St.
Florence, S.C. 29501

Thank you.

Denise Powell
2512 Newcastle Rd.
Florence, S.C. 29501
843-662-6090



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Karr
Director

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

January 19, 2007

Ms. Genevieve Powell
2512 Newcastle Road
Florence, South Carolina 29501

Dear Ms. Powell:

In response to your recent Freedom of Information Act request, enclosed you will find the information you requested along the billing for processing this information.

I hope this information is helpful to you. If you should have any questions, please contact Jacqueline Wilson-Barnes at (803) 898-1040.

Sincerely,

A handwritten signature in cursive script, reading "William L. Wells".

William L. Wells, CPA
Deputy Director

WLW/fwb

Enclosures

809 454 ✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

January 19, 2007

TO: Genevieve Powell

FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 454

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	<u>1</u>	Hours	\$ <u>10.00</u>
Pages copied at \$.10 per page	<u>80</u>	Pages	\$ <u>8.00</u>
Pages faxed at \$.20 per page	<u> </u>	Pages	\$ <u> </u>
Shipping and Handling Costs			\$ <u>4.20</u>
Other costs associated with the FOIA request:	<u> </u>		\$ <u> </u>

Total Amount Due SCDHHS: \$ 22.20

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 Jacqueline Wilson-Barnes at (803) 898-1040 should you have any questions.

Signature William L. Wells Date 1/19/07

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