

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

T9 Jacobs	DATE 1-6-11
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER 1011297	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 1-14-11
2. DATE SIGNED BY DIRECTOR Cleaned 1/18/11, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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.			



RECEIVED

JAN 06 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

House of Representatives State of South Carolina

J. Roland Smith
District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

519-B Blatt Building
P.O. Box 11867
Columbia, SC 29211
Tel. 803-734-3114

Committees:
Ethics, Chairman
Ways and Means

January 4, 2011

Emma Forkner, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Annie Ruth Jackson: SSN: 250-26-3396

Dear Ms. Forkner:

I am writing to you on behalf of Ms. Annie Ruth Jackson noted above. Ms. Jackson resides with her son, Mr. Donald Jackson at 1025 Seminole Avenue, Aiken, South Carolina. Ms. Jackson suffers with dementia, diabetes, and is legally blind. She is in need of round the clock care and attention.

Enclosed you will find copies of Ms. Jackson's information and completed forms that her son, Mr. Jackson has provided.

I am requesting any possible help expediting Ms. Jackson's request for nursing home placement. Thanking you in advance for your assistance in this matter. If you have any questions, do not hesitate to call.

Respectfully,

J. Roland Smith
House District 84

cc: Mr. Donald Jackson, 1025 Seminole Avenue, Aiken, SC 29801

To Pop R. Smith

I call you Dec. 31, 2010 and
ask for your help in getting my mother
into a nursing home Thud BSS medicaid
The paper att. to this note are the

papers you ask me to get to you.
My mother name is AURIE RUTH JACKSON

my mother name is DONALD, locally blind
has dementia, 24-7.
and need help 24-7.

my name is DONALD JACKSON has son
my address is 1025 Seminole Ave
my address 29801 my phone # is
Allan, S.C. 29801 cell 803 215 3921
803 648 2852 Home

Thank you

Donald Jackson

**MEDICAID CHECKLIST FOR
NURSING HOME ASSISTANCE, GENERAL HOSPITAL,
HOME AND COMMUNITY BASED WAIVER SERVICE**

Applicant/Beneficiary: Annie Jackson Date: 12/2/2010

Authorized Representative: Donald Jackson

We are currently working on your application/review for Medicaid long-term care services. To complete the eligibility process, some additional information will be needed concerning you, and if married, your spouse. Please see the items ☒ checked below:

- ☐ Complete the Attached Review Form
- ☐ Power of Attorney, Guardianship, or Conservator Papers
- ☐ Verification of ☐ Citizenship ☐ Identity ☐ Original Documents Required.
- ☐ The income limit for institutional care is \$ _____ for _____ The applicant's income is over this amount. To possibly qualify for Medicaid assistance for long-term care services, an income trust must be established. You will find the forms needed to complete this process attached.
- ☐ Proof of gross income received by _____ This may be a copy of an itemized check-stub, award letter, PRINTOUT, or statement on letterhead from the company or agency. ☒
- ☒ For all accounts, copies of entire bank statements, not account summaries, for February 2006, February 2007, February 2008, February 2009 and the following month(s): November and December 2010, for closed account. BUT only November and December for the Security Federal account.

- ☐ Designate or establish a bank account for income to flow through. Return verification of this account.
- ☒ Proof of assets sold, transferred, or given away on or after **February 8, 2006** to the present. ☒
- ☐ Verification you have applied for _____ benefits on the applicant's behalf.
- ☐ Burial Assets: Copies of the applicant/spouse's ☐ Pre-need burial contract(s) ☐ burial plot deed(s) or other verification of ownership such as a statement on letterhead. If the contract or plot is not paid for, we also need verification of the payoff amount.
- ☐ Copies of all life insurance policies owned by the applicant/spouse. If the policy is not on hand, a letter from the agent showing the policy number, name of owner, face value, and current cash value of the policy can be provided. If this is not possible, give the name and address of the insurance company, and the policy number for each policy. The owner of the policy needs to sign and date DHHS Form 1280 ME, Verification of Insurance Value, to let us verify current cash values directly from the insurance company.
- ☐ Copy of annuity for _____
- ☐ Please sign and return the form(s) indicated:
 - ☒ DHHS 943, Release of Information ☐ DHHS1212 ME, Verification of Veterans Information
 - ☐ DHHS 1766-A, Burial Exclusion ☐ DHHS 1253 ME, Request for Financial Investigation
 - ☐ DHHS 1280 ME, Verification of Insurance Value ☒ DHHS 1296 ER, Estate Recovery Notification
- ☐ All medical insurance policies or cards and proof of premiums
- ☐ Other: _____
- ☐ Other: _____

Please provide this information by 12/23/2010. If you have any questions or you need additional time to secure requested information, please call your worker listed below. Thank you for your cooperation.

Worker: Ms. Simmons Telephone: 803-642-3668

Address: PO Box 2748 Fax: 803-643-1911

Aiken SC 29802

South Carolina Department of Health and Human Services

INFORMATION RELEASE FORM

I hereby authorize the South Carolina Department of Health and Human Services to verify my income including but not limited to Social Security, Supplemental Security Income, Veterans Benefits, private pensions, earned income, etc.; my resources including but not limited to checking and savings accounts, certificates of deposit, individual retirement accounts, credit union accounts, etc.; insurance, medical history, and expenses; and any other facts relevant to my eligibility for participation in programs administered by the Department of Health and Human Services.

I also authorize any person, partnership, corporation, association, or governmental agency possessing information on such matters to release such information to the Department of Health and Human Services.

I certify that I have read the above statement and understand that this gives my permission for release of such information.

Print your name:

For Anne Ruth Jackson

Signature:

Charles F. Jackson

Address:

1025 Semmes Ave. Mt. Airy, SC 29301

Witnesses to Signature (if signed by an X): 1. _____

2. _____

Acknowledgement of Responsibilities Authorized Representative

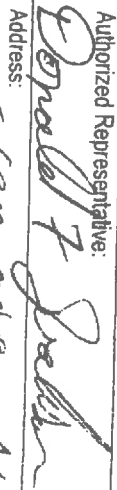
An authorized representative, or responsible person, is someone who acts for another individual either with the individual's consent or at the order of an appropriate court.

To apply for Medicaid for someone while acting as his or her authorized representative, you are obligated to tell the South Carolina Department of Health and Human Services all that you know about the individual's situation, whether personal, financial, medical, etc. It does not mean that you will be personally responsible for the individual's debts. Any agreements that you make with providers of medical services or other individuals related to the individual for whom you are applying are your responsibility, and the Department has no control or influence in such matters.

Name and Address of Applicant:	Limits of programs for which this person is applying:
Annie Jackson	> Income: <u>2022</u> > Resources: <u>2000</u>

1. By agreeing to act as authorized representative for this applicant/beneficiary, you agree to be responsible for reporting any changes in income or resources within 10 days of the change or as soon as you become aware of the change. *Examples of changes that may be reported:*
 - Increase or decrease in monthly income
 - Receipt of a lump sum
 - Receipt of any regular monthly income payments
 - Change of address
 - Receiving or selling property
 - Death of an individual or of a spouse or any relative living in the home
2. By agreeing to act as an authorized representative for this applicant/beneficiary, you agree to be responsible for reporting any requested changes to Medicaid Managed Care Enrollment as soon as you become aware of the change. *Examples of changes that must be reported:*
 - Choices and changes in Medicaid managed care health plans (Managed Care Organizations or Medical Homes Networks) or Fee-For-Service Medicaid
 - Choices and changes in Primary Care Providers (for Medical Homes Networks only)

3. By agreeing to act as an authorized representative for this applicant/beneficiary, you understand that if you deliberately give false information or withhold any information concerning the individual's situation, you are liable for prosecution for fraud and/or perjury. You are not liable for changes of which you are not aware.

If you agree to fulfill the responsibilities of an authorized representative, please sign and date below:	
Authorized Representative:	Date:
	12-10-10
Address:	
1025 Seminoles Ave Hilton, SC, 29501	
Medicaid Worker:	Date:

South Carolina Department of Health and Human Services Estate Recovery Notification

Name: Annie Ruth Johnson ID# 250-26-3396

SC Code of Laws Section 43-7-460 directs the State Department of Health and Human Services to seek recovery of medical assistance paid under the Title XIX State Plan for Medical Assistance from the estate of certain individuals.

☒ As an applicant/beneficiary for Medicaid services, I understand that there are two groups of people that are affected by estate recovery:

- A person of any age who was a patient in a nursing facility, intermediate care facility for the mentally retarded, or other medical institution at the time of death, and who was required to pay most of his/her income for the cost of care; or
- A person who was 55 years of age or older when he/she received medical assistance consisting of nursing facility services, home and community based services, and hospital and prescription drug services provided to individuals in nursing facilities or receiving home community-based services.

☒ I understand that upon receiving any of these services, the Department of Health and Human Services will file a claim against my estate (all personal and real property owned by me at my death) for the amount Medicaid has paid for my services.

☒ I have received a copy of the Estate Recovery Brochure.

Donald T. Perkins
Applicant/Beneficiary/Authorized Representative 12-10-10
Date

Relationship to Applicant/Beneficiary _____

Eligibility/CLTC/DDSN Caseworker _____

Date _____

Questions concerning Estate Recovery should be directed to:

Department of Health and Human Services
ATTN: Medicaid Estate Recovery
Post Office Box 100127
Columbia, South Carolina 29202-3127
(803) 898-2932



P.O. BOX 810 • AIKEN, SOUTH CAROLINA 29802

Date 2/06/06
Primary Account
Enclosures

Page 2
103000748

ANNIE RUTH JACKSON
ROGER B JACKSON
6 CRAWFORD AVE
AIKEN SC 29801

VALUE 50 CHECKING-TR

103000748 (Continued)

ACTIVITY	IN DATE ORDER	DESCRIPTION	AMOUNT	BALANCE
2/03	SOC SEC	US TREASURY 303	731.90	2,534.09
	PPD			
2/03	INS PRM	ADDD803 252.2148	3.30	2,530.79
	PPD			
2/06	Check	905	27.50	2,513.29
2/06	Interest Deposit		.52	2,513.81

CHECKS IN NUMBER ORDER					
DATE	CHECK NO	AMOUNT	DATE	CHECK NO	AMOUNT
1/20	892	317.99	1/20	897	49.66
1/05	893	154.74	1/09	899+-See above-	2/01 904 32.85
1/05	894	11.00	1/18	900	15.90
1/10	895	25.09	1/29	901	54.76
1/12	896	22.96	1/24	902	76.12

* DENOTES MISSING CHECK NUMBERS

INTEREST RATE SUMMARY

DATE 1/04 RATE 3.2500%



PO BOX 810 • AIKEN, SOUTH CAROLINA 29802

Date 2/05/07
Primary Account
Enclosures

Page 1
103000748

ANNIE RUTH JACKSON
ROGER B JACKSON
1027 OSBORN DR
AIKEN SC 29801

SUMMARY:

ACCOUNT NUMBER 103000748 ACCOUNT TITLE VALUE 50 CHECKING-TR

CURRENT BALANCE 3,099.90 ENCLOSURES

VALUE 50 CHECKING-TR
Account Number
Previous Balance
1 Deposits/Credits
9 Checks/Debits
Service Charge
Interest Paid
Current Balance

103000748
3,000.54
753.00
654.24
60
60
3,000.00

Check Safeguarding
Statement Dates 1/04/07 thru 2/05/07
Days for the statement period 33
Average Number
Average Collected 2,657.27
Interest Earned 60
Interest Percentage Yield Earned 0.25%
Interest Paid 1.11

ACTIVITY IN DATE OWNER
DATE DESCRIPTION
1/08 Check 977
1/08 Check 978
1/08 Check 979
1/10 BILL PYMT SCS&G/PSNC
CHECK # 900
1/18 INS. PREM. CONTINENTAL GEN.
PPD
1/18 Check 981
1/30 BILL PYMTBELLSOUTH
CHECK # 982
2/02 SOC SEC US TREASURY 303
PPD
2/02 SFPP STATE FARM RD 27
PPD
2/05 Interest Deposit
2/05 INS PREM AAIK000-252-2148
PPD

AMOUNT BALANCE
52.09- 2,948.45
34.54- 2,913.91
26.08- 2,887.83
214.70- 2,673.13
242.17- 2,430.96
16.00- 2,414.96
34.76- 2,380.20
53.00 3,133.20
50 3,102.60
60 3,103.20
3.30- 3,099.90

2430.96

2348.43
753.00
3101.43
3099.90
01.53



P.O. BOX 810 • AIKEN, SOUTH CAROLINA 29002

Date 2/05/07
Primary Account
Enclosures

Page 2
103000748

ANNIE RUTH JACKSON
ROGER B JACKSON
1027 OSBORN DR
AIKEN SC 29001

VALUE 50 CHECKING-TR

103000748 (Continued)

DATE	CHECK NO	AMOUNT	DATE	CHECK NO	AMOUNT	DATE	CHECK NO	AMOUNT
1/08	977	52.09	1/08	979	36.00	1/18	981	16.00
1/08	978	34.54	1/10	980	-See above-	1/30	982	-See above-

* DENOTES MISSING CHECK NUMBERS

INTEREST RATE SUMMARY
DATE 1/03
RATE 0.250000%



P O BOX 810 • AIKEN, SOUTH CAROLINA 29802

Date 2/27/07
Primary Account
ENCLOSURES

Page 1
127181750

ANNIE RUTH JACKSON
JAMES JACKSON
1027 OSBORN DR
AIKEN SC 29801

SUMMARY:
ACCOUNT NUMBER ACCOUNT TITLE
127181750 MONEY MARKET

CURRENT BALANCE ENCLOSURES
9,797.81

Due to increased fraud and identity theft, we have blocked all ATM and Debit Card transactions in Turkey, Romania, and Mexico. Please call us if you plan to travel out of the USA.

MONEY MARKET
Account Number
Previous Balance
Deposits/Credits
Checks/Debits
Service Charge
Interest Paid
Current Balance

127181750
9,776.36
21.45
9,797.81
Check leftsweeping
Statement dates 1/31/07 thru 2/27/07
Days in the statement period 28
Average ending 9,776.36
Average CHL earned 9,776.36
Interest earned 21.45
Annual percentage yield earned 2.90%
Interest Paid 44.37

ACTIVITY IN DATE ORDER
DATE DESCRIPTION
2/27 Interest Deposit

AMOUNT BALANCE
21.45 9,797.81

INTEREST RATE SUMMARY
DATE RATE
1/30 2.850000%



P O BOX 810 • AIKEN, SOUTH CAROLINA 29802

Date 2/05/08
Primary Account
Enclosures

Page 2
103000748

ANNIE RUTH JACKSON
ROGER B JACKSON
1027 OSBON DR
AIKEN SC 29801

VALUE 50 CHECKING-TR

103000748 (Continued)

INTEREST RATE SUMMARY	
DATE	RATE
1 03	0.200000%



P.O. BOX 810 • AIKEN, SOUTH CAROLINA 29802

Date 2/05/08
Primary Account
Enclosures

Page 1
103000748

ANNIE RUTH JACKSON
ROGER B JACKSON
1027 OSBON DR
AIKEN SC 29801

SUMMARY:

ACCOUNT NUMBER 103000748 ACCOUNT TITLE VALUE 50 CHECKING-TR CURRENT BALANCE 4,645.23 ENCLOSURE

Electronic statements are now available on-line! Sign up through NetTeller and enjoy the convenience. No more waiting for statements in the mail!

VALUE 50 CHECKING-TR
Account Number 103000748 Check Safeguarding
Previous Balance 4,105.43 Statement Dates 1/04/08 thru 2/05/08
1 Deposits/Credits 724.20 Days in the statement period 33
4 Checks/Debits 165.14 Average Ledger 4,090.15
Service Charge .00 Average Collected 4,090.15
Interest Paid .74 Interest Earned .74
Current Balance 4,645.23 Annual Percentage Yield Earned 0.20%
2008 Interest Paid 1.33

ACTIVITY IN DATE ORDER

DATE	DESCRIPTION	AMOUNT	BALANCE
1/07	Stop Payment Charge	30.00	4,075.43
1/10	Check 1071	96.14	3,979.29
1/17	Check 1070	28.40	3,950.89
2/01	SOC SEC US TREASURY : 3 PPD	724.20	4,675.09
2/04	SFPP STATE FARM RO 27 PPD	30.60	4,644.49
2/05	Interest Deposit	.74	4,645.23

CHECKS IN NUMBER ORDER

DATE	CHECK NO	AMOUNT	DATE	CHECK NO	AMOUNT
1/17	1070	28.40	1/16	1071	96.14

* DENOTES MISSING CHECK NUMBERS



P.O. BOX 810 • AIKEN, SOUTH CAROLINA 29802

Date 2/03/09
Primary Account
Enclosures

Page 1
103000748

2047592

ANNIE RUTH JACKSON
ROGER B JACKSON
DONALD F JACKSON
1027 OSBORN DR
AIKEN SC 29801

SUMMARY:
ACCOUNT NUMBER

103000748

ACCOUNT TITLE
VALUE 50 CHECKING-TR

CURRENT BALANCE
13,332.85

ENCLOSURES

Mortgage rates are at a 3.5-year low! Call our mortgage loan department at (803)641-3000 to ask about refinancing your home or buying a new home!

VALUE 50 CHECKING-TR

Account Number
Previous Balance
1 Deposits/Credits
4 Checks/Debits
Service Charge
Interest Paid
Current Balance

103000748
50,434.25
92.00
36,035.12
00
02

Check Safekeeping 1/06/09 thru 2/03/09
Statement Dates 01/01/09 thru statement period 29
Average Monthly Deposit 23,059.19
Average Monthly Withdrawal 23,059.19
Interest Earned 92
Annual Percentage Yield Earned 0.05%
Interest Paid 1.42

ACTIVITY IN DATE ORDER
DATE DESCRIPTION

1/13 Debit
1/22 Check 1110
1/27 Check 1111
2/03 SOC SEC US TREASURY 303 PPD
2/03 Interest Deposit
2/03 SFPP STATE FARM MO 27 PPD

AMOUNT
35,000.00
148.52
2,856.00
932.80
92
30.60
BALANCE
15,434.25
15,285.73
12,429.73
13,362.53
13,363.45
13,332.85

CHECKS IN NUMBER ORDER ---
DATE CHECK NO AMOUNT DATE CHECK NO AMOUNT
1/22 1110 148.52 1/27 1111 2,856.00
* DEMOTES MISSING CHECK NUMBERS



P.O. BOX 810 • AIKEN, SOUTH CAROLINA 29802

Date 2/03/09
Primary Account
Enclosures

Page 1
103000748

2047592

ANNIE RUTH JACKSON
ROGER B JACKSON
DONALD F JACKSON
1027 OSBON DR
AIKEN SC 29801

SUMMARY:	ACCOUNT NUMBER	ACCOUNT TITLE	CURRENT BALANCE	ENCLOSURES
	103000748	VALUE 50 CHECKING-TR	13,332.85	

Mortgage rates are at a 35-year low! Call our mortgage loan department at (803)641-3000 to ask about refinancing your home or buying a new home!

VALUE 50 CHECKING-TR		Check Safekeeping	
Account Number	103000748	Statement Dates	1/06/09 thru 2/03/09
Previous Balance	50,434.25	Days in the statement period	29
1 Deposits/Credits	932.80	Average Ledger	23,059.19
4 Checks/Debits	38,035.12	Average Collected	23,059.19
Service Charge	.00	Interest Earned	.92
Interest Paid	.92	Annual Percentage Yield Earned	0.05%
Current Balance	13,332.85	2009 Interest Paid	1.42

ACTIVITY IN DATE ORDER	DATE	DESCRIPTION	AMOUNT	BALANCE
1/13 Debit	1110	→ Out to money	35,000.00	15,434.25
1/22 check	1111		148.52	15,285.73
1/27 check	1111		2,856.00	12,429.73
2/03 SOC SEC		US TREASURY 303	932.80	13,362.53
		PPD		
2/03 Interest Deposit			92	13,363.45
2/03 SFPP		STATE FARM RO 27	30.60	13,332.85
		PPD		

--- CHECKS IN NUMBER ORDER ---

DATE	CHECK NO	AMOUNT	DATE	CHECK NO	AMOUNT
1/22	1110	148.52	1/27	1111	2,856.00

* DENOTES MISSING CHECK NUMBERS



P.O. BOX 810 • AIKEN, SOUTH CAROLINA 29802

Date 2/03/09
Primary Account
Enclosures

Page 2
103000748



ANNIE RUTH JACKSON
ROGER B JACKSON
DONALD F JACKSON
1027 OSBON DR
AIKEN SC 29801

VALUE 50 CHECKING-TR

103000748 (Continued)

INTEREST RATE SUMMARY
DATE RATE
1/05 0.050000%



P O BOX 810 - AIKEN, SOUTH CAROLINA 29802

Date 2/03/09
Primary Account
Enclosures

Page 2
103000748

ANNIE RUTH JACKSON
ROGER B JACKSON
DONALD F JACKSON
1027 OSBORN DR
AIKEN SC 29801

VALUE 50 CHECKING-TR

103000748 (Continued)

INTEREST	DATE	SUMMARY
DATE	1/05	DATE
		0.050000%

000069



SFED PO BOX 810 - AIKEN, SOUTH CAROLINA 29802
Passion Service Requested

Date 8/03/10
Primary Account
Enclosures
Page 1
103000748



000069 07000 AV 0135
ANNIE RUTH JACKSON
ROGER B JACKSON
DONALD F JACKSON
1027 OSBORN DR
AIKEN SC 29801-4160
TXDD00C

2551552

SUMMARY:

ACCOUNT NUMBER	ACCOUNT TITLE	CURRENT BALANCE	ENCLOSURES
103000748	VALUE 50 CHECKING-TR	12,104.59	

No need to watch the clock. No more 2 pm cutoff!
As of July 1, Security Federal Bank now offers
ALL DAY BANKING!

VALUE 50 CHECKING-TR
Account Number
Previous Balance 10,300.48
1 Deposits/Credits 14,206.49
2 Checks/Debits 811.00
Service Charge 3,425.44
Interest Paid 00
Current Balance 12,104.59

Check Safekeeping
Statement Dates 7/06/10 thru 8/03/10
Days in the statement period 29
Average Ledger 13,599.70
Average Collected 13,599.70
Interest Earned 54
Annual Percentage Yield Earned 0.05%
2010 Interest Paid 6.19

ACTIVITY IN DATE ORDER

DATE	DESCRIPTION	AMOUNT	BALANCE
7/15	check 1174	202.44	14,506.05
7/26	check 1173	3,213.00	11,293.05
8/03	SOC SEC US TREASURY 303 PPD	811.00	12,104.05
	ANNIE R JACKSON		
	3		
8/03	Interest Deposit	54	12,104.59

DATE	CHECK NO	AMOUNT	CHECK DATE	CHECK NO	AMOUNT
7/26	1173	3,213.00	7/15	1174	202.44

--- CHECKS IN NUMBER ORDER ---
* DENOTES MISSING CHECK NUMBERS

SFED-002-000069-001-001 100804 000069 K02
29801416027



ANNIE RUTH JACKSON
ROGER B JACKSON
DONALD F JACKSON
1027 OSBORN DR
AIKEN SC 29801

VALUE 50 CHECKING-TR

INTEREST
DATE
7/05

103000748 (Continued)
Summary
RATE
0.058000%

PRIMARY Account
Enclosures

103000748

000068

SFED

PO BOX 810 • AIKEN, SOUTH CAROLINA 29802



Return Service Requested

Date 9/02/10
Primary Account
Enclosures

Page 1
103000748



000068 0.6200 AV 0.385
ANNIE RUTH JACKSON
ROGER B JACKSON
DONALD F JACKSON
1027 OSBON DR
AIKEN SC 29801-4160

25/8038

SUMMARY:
ACCOUNT NUMBER 103000748
ACCOUNT TITLE VALUE 50 CHECKING-TR

CURRENT BALANCE 8,642.68
ENCLOSURES

No need to watch the clock, no more 2 pm cutoff!
As of July 1, Security Federal Bank now offers
ALL DAY BANKING

VALUE 50 CHECKING-TR
Account Number 103000748
Previous Balance 12,101.59
Deposits/Credits 11,555.54
6 Checks/Debits 11,555.54
Service Charge 11,555.54
Interest Paid .47
Current Balance 8,642.68
Annual Percentage Yield Earned 0.05%
2010 Interest Paid 6.66

Check Safeguarding
Statement Dates 8/04/10 thru 9/02/10
Days in the statement period 30
Average Ledger 11,555.54
Average Collected 11,555.54
Interest Earned .47
Annual Percentage Yield Earned 0.05%
2010 Interest Paid 6.66

ACTIVITY IN DATE ORDER		DESCRIPTION		AMOUNT		BALANCE	
DATE	DESCRIPTION	PPD	800660718	3.30-		12,101.29	
8/04	2 INS PREM AGED	ANNIE RUTH* JACKSON					
8/05	Check	1201		100.00-		12,001.29	
8/06	Check	1202		85.59-		11,915.70	
8/10	Check	1200		45.70-		11,870.00	
8/11	POLICY PRM LIBERTY LIFE	PPD		14.79-		11,855.21	
8/31	Check	ANNIE RUTH JACKSON					
9/02	Interest Deposit	1203		3,213.00-		8,642.21	
				47		8,642.68	

CHECKS IN NUMBER ORDER		AMOUNT		DATE		CHECK NO		AMOUNT	
DATE	CHECK NO	AMOUNT	DATE	CHECK NO	AMOUNT	DATE	CHECK NO	AMOUNT	DATE
8/10	1200	45.70	8/05	1201	100.00	8/06	1202	85.59	

* DENOTES MISSING CHECK NUMBERS

SFED-002-000068-001-001-100903 000068 K03
29801416027

000067



SFED
P.O. BOX 810 • AIKEN, SOUTH CAROLINA 29802
Return Service Requested

Date 11/02/10
Primary Account
Enclosures

Page 1
103000748



000067 0.4500 AV 0.335
TR00001

ANNIE RUTH JACKSON
ROGER B JACKSON
DONALD F JACKSON
1027 OSBON DR
AIKEN SC 29801-4160

2632345

SUMMARY:
ACCOUNT NUMBER 103000748 ACCOUNT TITLE VALUE 50 CHECKING--TR
CURRENT BALANCE 2,841.93 ENCLOSURES

VALUE 50 CHECKING--TR
Account Number 103000748
Previous Balance 6,643.11
Deposits/Credits .00
4 Checks/Debits 3,801.39
Service Charge .00
Interest Paid .21
Current Balance 2,841.93
Check Safekeeping Statement Dates 10/05/10 thru 11/02/10
Days in the statement period 29
Average Ledger 5,476.40
Average Collected 5,476.40
Interest Earned .21
Annual Percentage Yield Earned 0.05%
Interest Paid 7.26

ACTIVITY IN DATE ORDER
DATE DESCRIPTION AMOUNT BALANCE
10/05 check 1207 15.00- 6,628.11
10/14 check 1208 14.00- 6,614.11
10/15 check 1209 559.39- 6,054.72
10/27 check 1210 3,213.00- 2,841.72
11/02 Interest Deposit 21 2,841.93
10 HARRIS CHECK

--- CHECKS IN NUMBER ORDER ---
DATE CHECK NO AMOUNT DATE CHECK NO AMOUNT
10/05 1207 15.00 10/15 1209 559.39
10/14 1208 14.00 10/27 1210 3,213.00
* DENOTES MISSING CHECK NUMBERS

INTEREST RATE SUMMARY
DATE 10/04
RATE 0.050000%

SFED-001-000067-001-000-101103 000067 K03
29801416027

Security Federal Bank
 SFED P.O. BOX 810 • AIKEN, SOUTH CAROLINA 29802

Return Service Requested

Date 12/02/10
 Primary Account
 Enclosures

Page 1
 103000748

000067 0.6200 AV 0.335
 ANNIE RUTH JACKSON
 ROGER B JACKSON
 DONALD F JACKSON
 1027 OSBON DR
 AIKEN SC 29801-4160

2657706



SUMMARY:
 ACCOUNT NUMBER 103000748 ACCOUNT TITLE VALUE 50 CHECKING-TR
 CURRENT BALANCE 292.60 ENCLOSURES

All funds in a "noninterest-bearing transaction account" are insured in full by the FDIC from 12/31/10 thru 12/31/12. This temporary unlimited coverage is in addition to general rules

VALUE 50 CHECKING-TR
 Account Number 103000748
 Previous Balance 2,841.93
 2 Deposits/Credits 1,061.00
 5 Checks/Debits 3,610.46
 Service Charge .00
 Interest Paid .13
 Current Balance 292.60

Check Safekeeping
 Statement Dates 11/03/10 thru 12/02/10
 Days in the statement period 30
 Average Ledger 3,145.01
 Average Collected 3,128.34
 Interest Earned .13
 Annual Percentage Yield Earned 0.05%
 2010 Interest Paid 7.39

ACTIVITY IN DATE ORDER	DESCRIPTION	AMOUNT	BALANCE
11/03 SOC SEC	US TREASURY 303	811.00	3,652.93
11/03 2 INS PREM AD&D	PPD ANNIE R JACKSON 800860718	3	3,649.63
11/05 check	PPD ANNIE RUTH*JACKSON	357.37-	3,292.26
11/05 check	1211	22.00-	3,270.26
11/10 POLICY PRM LIBERTY LIFE	1212	14.79-	3,255.47
11/24 Deposit	PPD ANNIE RUTH JACKSON	250.00	3,505.47
12/01 check	1214	3,218.00-	292.47
12/02 Interest Deposit		13	292.60

ANNIE RUTH JACKSON
ROGER B JACKSON
DONALD F JACKSON
1027 OSBON DR
AIKEN SC 29801



VALUE 50 CHECKING-TR

103000748 (Continued)

DATE	CHECK NO	AMOUNT	DATE	CHECK NO	AMOUNT	DATE	CHECK NO	AMOUNT
11/05	1211	357.37	11/05	1212	22.00	12/01	1214*	3,213.00

* DENOTES MISSING CHECK NUMBERS

INTEREST RATE SUMMARY

DATE	RATE
11/02	0.050000%
12/01	0.000000%

June 24, 2009

[Handwritten signature]

ANNIE RUTH JACKSON
ROGER B JACKSON
1027 OSBON DR
AIKEN SC 29801

**Security
Federal
Bank**

*Opened on
7-16-09*

\$35,435.81

*Deposited to
Checking 0103000748*

Certificate #
Current Balance
Maturity Date
Term
Interest Frequency
Renewal Maturity Date

145001134
35,359.11
July 13, 2009
6 months
1 month
January 13, 2010

*Money Returned
To checkin
AIC*

Dear ANNIE RUTH JACKSON:

Thank you for investing in a Certificate of Deposit with Security Federal Bank. The above referenced certificate will mature on the date shown. You will have ten calendar days after the maturity date to make any changes or withdrawals without penalty. The renewal interest rate and annual percentage yield are not currently available. Please call our Customer Service Center at (803) 641-3000 or toll free at (866) 851-3000 at maturity to inquire about our current rates and/or to discuss the following options:

1. You may allow your CD to automatically renew for the same term at the interest rate in effect at maturity.
2. You may change the CD to a different term and rate. Please visit the branch nearest you.
3. You may redeem the CD. Please visit the branch nearest you.
4. You may contact Security Federal Investments to discuss other investment options.

As an added convenience, our South Side Branch in Aiken, our Lexington Branch, and our Evans Branch have extended hours and are open 7 days a week.

Thank you for banking with us.

P.O. Box 810

Aiken, South Carolina 29802

Phone 803/641-3000

Toll Free 866/851-3000

1027 OSBORN DR
AIKEN SC 29801

Phone: (H) (803) 649-3847 Birth date: J000104
(B) (000) 000-0000

Tax ID number: 250-26-3396

C/D type: 06 6 MO = / < 100M

Account number: 145001134

Current balance: 35,285.08
Accrued interest: 4.78
Penalty amount: 216.13
Current cash value: 35,073.73
Issue date: 1/13/09
Original balance: 35,000.00

2.470000\$
2.50\$

Last payment date: 5/13/09
Last renewal date: 1/13/09
Last renewal balance: 35,000.00
Date redeemed: 0/00/00
Interest pmt freq: 1 M
Interest disposition: Add to balance

Certificate no:
Interest rate:
APY:
C/D term:
Maturity date:
Hold amount:
Y-T-D interest:
Per diem:
Next payment date:
Next pay amount:
Value after next pmt:
Renewable:
Deposit Acct/Type:

6 M
7/13/09
.00
285.08
2.38778
6/13/09
.00
.00
Yes

F1=Addl functions
F5=History
F2=Image
F6=Messages

F3=Exit
F6=Maintenance

More...
F4=Sweep Inquiry
F24=More Keys

FOUND FROM SALE BACK TO
OF HOUSE MOVED CHECKING ACC
SECURITY FEDERAL MONEY
PERSON NEED OF MONEY
TO PAY HARRIS - CASE LIVER

Phone: (H) (803) 649-3847
(B) (000) 000-0000

Birth date:
250-26-3396

Tax ID number:
C/D type: 06 6 MO = /<
Account number:

145G01134

Option CIF no
J002007
J000104

Short Name
JACKSON ROGER B
JACKSON ANNIE RUTH

Tax ID
247-76-6094
250-26-3396

Relationship
I Joint W/Su
P Primary

Mail Deceased
Y N
Y N

1 - Display

Bottom

SECURITIES AMERICA, INC
12325 PORT GRACE BLVD
LAVISTA, NE 68128

NATIONAL FINANCIAL SERVICES LLC

31000003381
ROGER B JACKSON
JERRI JACKSON
1027 OSBON DR
AIKEN SC 29801

Transaction Confirmation

Brokerage Account Number: RCT-617903
Transaction Reference Number: 40722876

*Fund To
Securities America*

National Financial Services LLC (NFS) is writing to confirm a recent bank wire disbursement from your brokerage account. NFS provides clearing and other related services on behalf of SECURITIES AMERICA, INC.

Listed below is confirmation of a transaction requested on your behalf:

Date of Transaction: March 29, 2010
Bank Wire Amount: \$10,963.00
Bank Name: SECURITY FEDERAL BANK
Bank Routing Number: XXXXX1822
For Credit to: ROGER, ANNIE, OR DONALD JACKSON
Bank Account Number: XXXXXXXXXXXX0748

Please review this information carefully. If you have any questions, please contact SECURITIES AMERICA, INC at 402-399-9111. If you did not authorize this transaction, or believe this transaction was made in error, you may contact NFS directly at 617-392-8284.

National Financial Services LLC

National Financial Services LLC, Member NYSE, SIPC

31000003381

Page 1 of 1

361207

U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT
SETTLEMENT STATEMENT

B. TYPE OF LOAN: 1. ☐ FHA 2. ☐ FmHA 3. ☒ CONV. UNINS. 4. ☐ VA 5. ☐ CONV. INS.
6. FILE NUMBER: 08-4713 JACKSON
7. LOAN NUMBER: 21281877
8. MORTGAGE INS CASE NUMBER:

C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked [FOC] were paid outside the closing; they are shown here for informational purposes and are not included in the totals.

D. NAME AND ADDRESS OF BORROWER:

Michael D. Jackson and
Cheryl A. Jackson
6 Crawford Avenue
Aiken, SC 29801

E. NAME AND ADDRESS OF SELLER:

Ruth S. Jackson, aka
Annie R. Jackson
1025 Seminole Street
Aiken, SC 29801

F. NAME AND ADDRESS OF LENDER:

JP Morgan Chase Bank, N.A.
1820 E. Sky Harbor Circle South, 2nd Floor
Phoenix, AZ 85034

G. PROPERTY LOCATION:

6 Crawford Avenue
Aiken, SC 29801
Aiken County, South Carolina

H. SETTLEMENT AGENT:

Fox & Verenes

57-0946857

PLACE OF SETTLEMENT

322 Laurens St. NW
Aiken, SC 29801

I. SETTLEMENT DATE:

December 29, 2008

J. SUMMARY OF BORROWER'S TRANSACTION

100. GROSS AMOUNT DUE FROM BORROWER:

101. Contract Sales Price 48,000.00
102. Personal Property
103. Settlement Charges to Borrower (Line 1400) 1,767.16
104.
105.

Adjustments For Items Paid By Seller in advance

106. City/Town Taxes to
107. County Taxes 12/30/08 to 01/01/09 0.10
108. Assessments to
109.
110.
111.

120. GROSS AMOUNT DUE FROM BORROWER

49,767.26

200. AMOUNTS PAID BY OR IN BEHALF OF BORROWER:

201. Deposit or earnest money
202. Principal Amount of New Loan(s) 38,000.00
203. Existing loan(s) taken subject to
204.
205.
206.
207.
208.

Adjustments For Items Unpaid By Seller

210. City/Town Taxes to
211. County Taxes to
212. Assessments to
213.
214.
215.
216.
217.
218.
219.

220. TOTAL PAID BY/FOR BORROWER

38,000.00

300. CASH AT SETTLEMENT FROM/TO BORROWER:

301. Gross Amount Due From Borrower (Line 120) 49,767.26
302. Less Amount Paid By/FOR Borrower (Line 220) (38,000.00)
303. CASH (X FROM) (TO) BORROWER 11,767.26

K. SUMMARY OF SELLER'S TRANSACTION

400. GROSS AMOUNT DUE TO SELLER:

401. Contract Sales Price 48,000.00
402. Personal Property
403.
404.

Adjustments For Items Paid By Seller in advance

406. City/Town Taxes to
407. County Taxes 12/30/08 to 01/01/09 0.10
408. Assessments to
409.
410.
411.

420. GROSS AMOUNT DUE TO SELLER

48,000.10

500. REDUCTIONS IN AMOUNT DUE TO SELLER:

501. Excess Deposit (See instructions)
502. Settlement Charges to Seller (Line 1400) 327.60
503. Existing loan(s) taken subject to
504. Payoff of first Mortgage
505. Payoff of second Mortgage
506.
507.
508.

Adjustments For Items Unpaid By Seller

510. City/Town Taxes to
511. County Taxes to
512. Assessments to
513.
514.
515.
516.
517.
518.
519.

520. TOTAL REDUCTION AMOUNT DUE SELLER

327.60

600. CASH AT SETTLEMENT TO/FROM SELLER:

601. Gross Amount Due To Seller (Line 420) 48,000.10
602. Less Reductions Due Seller (Line 520) (327.60)
603. CASH (X TO) (FROM) SELLER 47,672.50

The undersigned hereby acknowledge receipt of a completed copy of pages 1&2 of this statement & any attachments referred to herein.

Borrower

Seller

Michael D. Jackson

Cheryl A. Jackson

Ruth S. Jackson, aka

Annie R. Jackson

700. TOTAL COMMISSION Based on Price										PAID FROM		PAID FRC.	
Division of Commission (line 700) as follows:										BORROWERS		SELLERS	
										FUNDS AT		FUNDS AT	
										SETTLEMENT		SETTLEMENT	
701. \$	to		\$	@	%								
702. \$	to												
703. Commission Paid at Settlement													
704.													
800. ITEMS PAYABLE IN CONNECTION WITH LOAN													
801. Loan Origination Fee	1.5000 %	to	JP Morgan Chase Bank, N.A.										
802. Loan Discount	%	to											
803. Appraisal Fee		to								570.00			
804. Credit Report		to											
805. Tax Service Fee		to											
806. Processing fee		to	First American Real Estate Tax Svc.										
807. Assuming fee		to	JP Morgan Chase Bank, N.A.							84.00			
808. Non Refund Appl Fee		to								72.00			
809.													
810.										395.00 POC			
811.													
900. ITEMS REQUIRED BY LENDER TO BE PAID IN ADVANCE													
901. Interest From 12/30/08 to 01/01/09 @ \$ 5.080000/day (2 days %)													
902. Mortgage Insurance Premium for months to													
903. Hazard Insurance Premium for 1.0 years to Matt Nieman Insurance Agency, Inc.										10.16			
904.													
905.										463.00 POC			
1000. RESERVES DEPOSITED WITH LENDER													
1001. Hazard Insurance	months @ \$												
1002. Mortgage Insurance	months @ \$												
1003. City/Town Taxes	months @ \$												
1004. County Taxes	months @ \$												
1005. Assessments	months @ \$												
1006.	months @ \$												
1007.	months @ \$												
1008.	months @ \$												
1100. TITLE CHARGES													
1101. Settlement or Closing Fee	to												
1102. Abstract or Title Search	to												
1103. Title Examination/Will Harper	to William Harper, LLC												
1104. Title Insurance Binder	to James Verenes Title Insurance Company									190.00			
1105. Document Preparation	to Fox & Verenes									75.00			
1106. Notary Fees	to												
1107. Attorney's Fees	to Fox & Verenes												
<i>(Includes above item numbers:)</i>													
1108. Title Insurance	to James L. Verenes Title Insurance Company									500.00			
<i>(Includes above item numbers:)</i>													
1109. Lender's Coverage	\$ 38,000.00									219.00			
1110. Owner's Coverage	\$ 48,000.00												
1111. UPS charges	to Fox & Verenes									105.00			
1112.													
1113.													
1200. GOVERNMENT RECORDING AND TRANSFER CHARGES													
1201. Recording Fees: Deed \$ 10.00; Mortgage \$ 22.00;													
1202. City/County Tax Stamps: Deed										32.00			
1203. State Tax Stamps: Revenue Stamps	177.60; Mortgage												
1204.	Fox & Verenes												
1205.	Fox & Verenes												
1300. ADDITIONAL SETTLEMENT CHARGES													
1301. Survey	to												
1302. Pest Inspection	to												
1303.													
1304.													
1305.													
1400. TOTAL SETTLEMENT CHARGES (Enter on Lines 103, Section J and 502, Section K)										1,767.16		327.60	

By signing page 1 of this statement, the signatories acknowledge receipt of a completed copy of page 2 of this two page statement.

James L. Verenes
Settlement Agent

2008033724

DEED
RECORDING FEES \$10.00
STATE TAX \$124.80
COUNTY TAX \$52.80

PRESENTED & RECORDED:
12-30-2008 03:30 PM

JUDITH WARNER

REGISTER OF DEEDS CONVEYANCE

AIKEN COUNTY, SC

BY: MARILYN SEIGLER DEPUTY

BK:RB 4234

PG:1883-1885

Space above this line for recording information

STATE OF SOUTH CAROLINA

COUNTY OF AIKEN

TITLE TO REAL ESTATE

KNOW ALL MEN BY THESE PRESENTS THAT, RUTH S. JACKSON, A/K/A ANNIE R. JACKSON herein referred to as Grantor for and in consideration of the sum of FORTY-EIGHT THOUSAND AND 00/100 (\$48,000.00) DOLLARS to me paid by MICHAEL D. JACKSON AND CHERYL A. JACKSON, hereinafter referred to as Grantees in the State aforesaid, the receipt of which is hereby acknowledged, has granted, bargained, sold and released, and by these presents does grant, bargain, sell and release unto the said MICHAEL D. JACKSON AND CHERYL A. JACKSON, as joint tenants with rights of survivorship, and not as tenants in common, his or her heirs and assigns forever, the following described property:

All that certain piece, parcel, or lot of land with the improvements thereon, situate, lying and being in the County of Aiken, State of South Carolina, which lot is known and designated as Lot No. 3, Block A, as shown on a plat of Ward Hills Subdivision, which plat is recorded in Plat Book 1, Page 37, records of Aiken County. Reference is hereby made to said plat for a more accurate and complete description as to the metes, bounds and location of subject property.

This being the same property conveyed to Fletcher Jackson, Jr. and Ruth S. Jackson by deed of Administrator of Veterans' Affairs, as Officer of the United States of America, dated September 11, 1985, and recorded in Title Book 895 at page 185, records of Aiken County, and conveyed to Annie R. Jackson by Description of Real Estate from the Estate of Fletcher Jackson, a/k/a Fletcher Jackson, Jr. (Aiken County Probate Court, Apt. 75-A, Package 10) recorded on March 25, 1983, and recorded in Title Book 776 at page 67, records of Aiken County.

Tax Parcel No.: 122-07-03-027.

This conveyance is made subject to Easements, Restrictions, Covenants, and Conditions of record, including matters shown on recorded plats.

Grantee's Mailing Address: 6 Crawford Avenue
Aiken, SC 29801

STATE OF SOUTH CAROLINA)
COUNTY OF AIKEN)

AFFIDAVIT

PERSONALLY appeared before me the undersigned, who upon being duly sworn deposes and says that the

Property: 6 Crawford Avenue, Aiken, SC 29801

Transferred by: Ruth S. Jackson, a/k/a Annie R. Jackson

To: Michael D. Jackson and Cheryl A. Jackson

Parcel Number: 122-07-03-027

 X Was an arm's length and property transaction and the sales price paid or To be paid in money or money's worth was \$48,000.00.

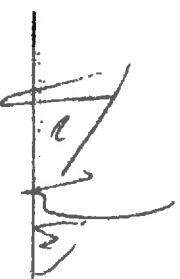
 Was not an arm's length real property transaction and the fair market value of the property is \$


The above transaction is exempt, or partially exempt, from the recording fee as set forth in SC Code Ann. Section 12-34-10 et. Seq. Because

As required by Code Section 12-24-70, I state that I am a responsible person who was connected with the transaction as attorney.

I further understand that a person required to furnish this affidavit who willfully furnishes a false or fraudulent affidavit is guilty of a misdemeanor and, upon conviction, must be fined not more than One Thousand Dollars, or imprisoned not more than one year or both.

SWORN to before me this
29 day of December, 2008.




Notary Public for SC
My Commission expires: 6/16/09


TOGETHER with all and singular, the rights, members, hereditaments and appurtenances to the said premises belonging or in anywise incident or appertaining.

TO HAVE AND TO HOLD all and singular the premises before mentioned unto the said MICHAEL D. JACKSON AND CHERYL A. JACKSON, **as joint tenants with rights of survivorship, and not as tenants in common**, his or her heirs and assigns forever.

AND THE GRANTOR does hereby bind herself, her heirs and assigns, to warrant and forever defend all and singular the said premises unto the said MICHAEL D. JACKSON AND CHERYL A. JACKSON, **as joint tenants with rights of survivorship, and not as tenants in common**, his or her heirs and assigns, against Grantor, her heirs and assigns, and against every person whomsoever lawfully claiming or to claim the same or any part thereof.

WITNESS my Hand and Seal this 29th day of December, in the year of our Lord 2008.

Signed, Sealed and Delivered
in the Presence of:





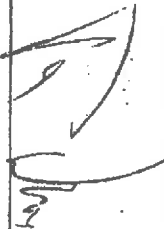
Ruth S JACKSON By

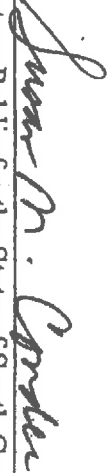
Ruth S. Jackson aka Annie R. Jackson
Dorinda F Jackson
Roger B. Jackson
her attorney in fact

STATE OF SOUTH CAROLINA
COUNTY OF AIKEN

Personally appeared before me the undersigned and made oath that she saw the within named Grantor sign, seal and as Her act and deed, deliver the within-written Deed for the uses and purposes therein mentioned, and that she with the other witness subscribed above witnessed the execution thereof.

SWORN to before me this
29th day of December, 2008.




Notary Public for the State of South Carolina

My Commission Expires: 6/16/09

Return to: Fox & Verenes/smc

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/06/11
 MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 12/02/10 END: PAGE: 0001

NAME: JACKSON ANNIE R HH NAME: JACKSON ANNIE R
 RCP NUMBER: 9780677937 HH NUMBER: 101266936 ACTION TYPE: MAINTENANCE
 SSN: 250-26-3396 VC: V APL STATUS: ACTION DATE: 12/13/10
 PRIMARY INDIVIDUAL: APL CO: 02 WORKER ID: BDARL LOCATION: 055
 1025 SEMINOLE AVE SSCN: 247328183D RRN:

AIKEN SC 29801- RACE: 01 SEX: F MARITAL STATUS: W
 TPL: Y RSP: 0 RELATION: SELF
 DOB: 05/08/1922 DOD:

CORRECT RCP NUMBER: LIV ARRANGEMENT: HOME INCOME TRUST:
 PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	SPONSOR		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	
-	20131197	06/01/2008	07/01/2009	32	10	FULL	Y	N	.99	0200
-	20131197	05/01/2008	06/01/2008	32	10	FULL	N	N	.99	0200

UPDATED: USER ID: FHAMM DATE: 06/06/08 SYSTEM ID: IEV7115 DATE: 11/26/09
 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

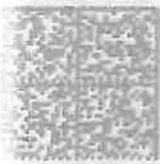
G. Roland Smith
Member, House of Representatives
828 Rutland Ave., W.
Asheville, SC 29801

Emma Jenkins, Director
SC Dept. of Health and Human Services
Post Office Box 8200
Columbia, South Carolina 29202-8200

Department of Health & Human Services
OFFICE OF THE DIRECTOR

JAN 06 2011

RECEIVED





William Wells • Acting Director
Nikki Haley • Governor

January 18, 2011

Mr. Donald Jackson
1025 Seminole Avenue
Aiken, South Carolina 29801

Dear Mr. Jackson:

Representative Roland Smith contacted our agency on your behalf regarding assistance with your mother, Ms. Annie Jackson, and her healthcare needs.

Ms. Jackson's application for Medicaid's Nursing Home program was received on December 2, 2010 and is currently being reviewed to determine if she financially qualifies; however, before payment to the facility can be rendered, she must meet medical criteria and reside in a Medicaid nursing facility for 30 consecutive days. You will be notified once an eligibility decision is made. If eligible, Ms. Jackson's coverage will begin the 1st day of the month in which she enters the facility. Attached is a list of Medicaid certified nursing facilities. Each facility maintains their own waiting list so you should contact facilities of interest to determine availability.

If you have any questions about Medicaid's Nursing Home program, please contact Ms. Petra Simmons at (803) 642-3668, and she will be happy to assist you.

Sincerely,

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

Alicia Jacobs
Deputy Director

AJ/jgl
Enclosure