


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>11-9-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>101213</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Cleaved 11/17/09, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-18-09</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.			

11/09/2009 12:17 FAX 8039330957

SEN. L. GRAHAM COLA

001

LINDSEY O. GRAHAM
SOUTH CAROLINA



200 Russell Senate Office Building
Washington, DC 20510
(202) 224-6972

UNITED STATES SENATE Fax Transmittal Sheet

RECEIVED

NOV 09 2009

TO: Emma Forkner

Department of Health & Human Services
OFFICE OF THE DIRECTOR

FROM: Sara Snell

DATE: 11-9-09

COMMENTS: Please see the attached.

Thank you.

3 PAGE(S) TO FOLLOW

IF 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.

808 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 983-0112

401 WEST EVANS STREET
SUITE 226B
FLORENCE, SC 29501
(843) 669-1505

101 EAST WASHINGTON STREET
SUITE 220
GREENVILLE, SC 28601
(864) 250-1417

550 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(443) 849-3887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 366-4228

135 FAULKNER WEST DRIVE
SUITE B
SENECA, SC 29678
(864) 885-8830

11/09/2009 11:12AM

LINDSEY O. GRAHAM
SOUTH CAROLINA



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

UNITED STATES SENATE

November 6, 2009

Ms. Emma Forkner
Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

RE: Angela Joy Wilson

Dear Ms. Forkner:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, Angela Joy Wilson, 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 Ms. Wilson.

Sincerely,

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

Lindsey O. Graham
United States Senator

LOG/ss

Enclosure

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 823-2712

401 WEST EVANS STREET
SUITE 111
FLORENCE, SC 29501
(843) 669-1505

130 SOUTH MAIN STREET
SUITE 700
GREENVILLE, SC 29601
(864) 250-1417

830 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 849-5887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 366-2828

124 EXCHANGE STREET
SUITE A
PRINCETON, SC 29670
(864) 676-4090

11/09/2009 11:12AM

11/09/2009 12:17 FAX 8039330857

SEN. L. GRAHAM COLA

☒ 003

LINDSEY O. GRAHAM
SOUTH CAROLINA



NOV 05 2009
280 Russell Senate Office Building
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: Andrea Joy Wilson Phone: 803-646-4174 or 803-583-6785

Address: P.O. Box 395

City: WRENTHAM State: SC Zip: 29951

Social Security Number: 250-35-3710 VA Number (if applicable): 414

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 HAVE APPLIED FOR MEDICAID. I AM IN DESPERATE
NEED. WE HELP FROM A HIGHER SOURCE OTHER THAN
THE PERSONNEL IN THE MEDICAID OFFICE. I HAVE WORKED
ALL MY LIFE AND NEED HELP WITH MY MEDICAL EXPENSES,
I HAVE TO HAVE MEDICAL SERVICES IN ORDER TO DEAL

WITH MY DISABILITY. I HAVE NOTHING, INCLUDING A HOME.
Signed: Andrea J. Wilson Date: 11/4/09 (CONT. ON BACK...)

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

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 933-0112

401 WEST EVANS STREET
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101 EAST WASHINGTON STREET
SUITE 220
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530 JOHNNIE DODDS BOULEVARD
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(843) 649-3887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 568-2228

135 EAGLES NEST DRIVE
SUITE B
SEWEE, SC 29578
(843) 888-3380

11/09/2009 11:12AM

11/09/2009 12:18 FAX 8038330957

SEN. L. GRAHAM COLA

004

I AM TRYING TO HELP MYSELF BECOME MORE
SELF-SUFFICIENT, HOWEVER, I KEEP RUNNING INTO
ROAD BLOCKS. YOUR ATTENTION IN THIS MATTER IS
GREATLY NEEDED AND WILL BE GREATLY APPRECIATED.
MY APPLICATION WAS TURNED INTO THE AIKEN, SC OFFICE.

Thank You,
Angela J. Wilson

11/09/2009 11:12AM

November 17, 2009

Ms. Angela Wilson
Post Office Box 395
Warrenville, South Carolina 29851

Dear Ms. Wilson:

US Senator Lindsey Graham asked our agency to assist with your questions concerning Medicaid eligibility.

Your application for Medicaid's Aged, Blind or Disabled program was received on November 3, 2009. Your eligibility worker, Ms. Leigh Anne Yelton, mailed you forms that must be completed in order to determine if you meet the disability criteria. Please return the *Disability Report* and *Authorization to Disclose Health Information* forms to Ms. Yelton no later than November 27, 2009. Once the forms are received, we will continue processing your application and notify you when a decision is made. If you have any questions about this process, please call Ms. Yelton at (803) 642-7511.

We have enclosed information on other programs and organizations that may be able to assist with your healthcare needs, prescriptions and inpatient hospitalization. If you have questions about the Medicaid program, please contact Jennifer Lynch in Constituent Services at (803) 898-3965. I hope this information is helpful.

Sincerely,



Alicia Jacobs
Deputy Director

AJ/cl
Enclosures