

**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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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <b>101213</b>	<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 <u>11-18-09</u>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

LINDSEY O. GRAHAM  
SOUTH CAROLINA



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

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 MAPLETON 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 29601  
(864) 250-1417

550 JOHNNIE DODDS BOULEVARD  
SUITE 202  
MOUNT PLEASANT, SC 29464  
(843) 849-3887

140 EAST MAIN STREET  
SUITE 110  
ROCK HILL, SC 29730  
(803) 365-4228

135 FAULKNER NEAR DRIVE  
SUITE B  
SARASOTA, SC 29978  
(843) 885-8830

LINDSEY O. GRAHAM  
SOUTH CAROLINA



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# 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,

Lindsey O. Graham  
United States Senator

LOG/ss

Enclosure

508 HAMPTON STREET  
SUITE 202  
COLUMBIA, SC 29201  
(803) 883-0712

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

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

630 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  
PROVIDENCE, SC 29870  
(864) 698-4090

11/09/2009 11:12AM

LINDSEY O. GRAHAM  
SOUTH CAROLINA



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NOV 05 2009

# 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: ANNEA JOY WILSON Phone: 803-646-4174 or 803-583-6785

Address: P.O. BOX 395

City: WABERVILLE State: SC Zip: 29951

Social Security Number: 250-35-3710 VA Number (if applicable): N/A

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 NEEDED 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: Angela 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  
SUITE 236B  
FLORENCE, SC 29501  
(843) 669-1205

101 EAST WASHINGTON STREET  
SUITE 220  
GREENVILLE, SC 29601  
(864) 250-1417

530 JOHNNIE DODDS BOULEVARD  
SUITE 202  
MOUNT PLEASANT, SC 29564  
(843) 669-3887

140 EAST MAIN STREET  
SUITE 110  
ROCK HILL, SC 29730  
(803) 568-2928

135 EAGLES NEAR DRIVE  
SUITE B  
SENECA, SC 29678  
(864) 888-3380

11/09/2009 12:18 FAX 8039330957

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



*Log 0213* ✓

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