

## Concern for My Disability

Minnetta Benjamin

1809 Sherrill Mill Road

Society Hill, S.C. 29593

To whom it may concern;

CC: Governor Nikki Haley,

CC: President Obama

I had a stroke on 3/21/2013, I have been to two facility already and I suffer with bad headaches, pelvic bone is shift out of its position, have muscle spasm, severe acute mid back and lower back and acute neck pain, my shoulder hurt so bad and lower part of my stomach. My spine tilt on the left side. I cannot walk a long distance. Constance pain left knee and left leg. I also have chest pain sometimes. My hand bother me as well. My pain rate is 9-10/10 every day. I have sleeping problem as well. I am on all these medication to rest at night. Top ricin, hydro cod/a pap, tramadol hcl 50mg. meloxicam 15mg. cyclobenzaprine 10mg and phenobarbital 64.8mg... I am hurt physical and mentally. I have been diagnosis depression and I have been assign to go to Henry W. Link PHD at 232 South Main Street, Fairmont, N.C. 28340 at 9:00a.m. I don't understand why I am getting the run around. I have to go and find someone to go with me a day before Halloween and it is on a Friday too, it is a lot to get someone to go with me on that day, I hope you can reconsider me going there. I need my disability funds so I got to do what you decide. Do you have a local facility?

It is hard for me to keep running in circles when I need companionship to travel with me on these long trips. I cannot understand why I got to go out of state. I live in South Carolina. I am getting stress out by running around and getting no results. It has been about two years, I am not complaining I need help. Can you help expedite time? I need my money. I will send you a copy of their

demands. I am requesting for you to call this number about this matter please call this number 8432300620 Evangelist Delores Kelley my power of attorney to answer all questions. She knows everything about my situation. I get really upset and my pressure goes up when I talk to all these facilities they keep me going to and no results. Evangelist Delores will communicate to me. I am really upset how things are going!

If the governor need to speak to me or the President I will talk to them. I am not lying about nothing I am for real. I am not joking about my health. My phone number is 843-917-8064

Thanks for hearing my concerns.

Sincerely,

Minnetta Benjamin

Minnetta Benjamin 9/20/2015

Witness: Dee Palte 9/20/15

Witness: JOBS 9/20/15

Notary: Luna Lo

10-22-2024



## DISABILITY DETERMINATION SERVICES

*Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.*

Charleston Regional Office ■ P.O. Box 190029 ■ North Charleston, SC 29419 ■ (843) 953-0300  
Toll-free: (800) 868-0100 ■ Medical Information Fax: (866) 827-7369

August 26, 2015

MINNETTA L BENJAMIN  
1809 SHERRILLS MILLS  
RD  
SOCIETY HILL SC 29593

Claimant: MINNETTA L BENJAMIN

Ref. No: Q21250

Dear MINNETTA L BENJAMIN:

This refers to your application for disability benefits. Additional medical evidence about your depression is needed to evaluate your Social Security disability claim. An appointment has been made for you as shown below for a Mental Exam.

**Date: FRIDAY, OCTOBER 30, 2015**

**Time: 9:00 AM**

**Appointment With HENRY W LINK PHD at  
232 SOUTH MAIN STREET  
FAIRMONT NC 28340**

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY**

**IT IS IMPORTANT THAT YOU COMPLETE AND RETURN THE ATTACHED APPOINTMENT REPLY LETTER. WE EXPECT YOU TO GO TO ANY EXAMINATION SCHEDULED FOR YOU. IF YOU DO NOT GO AND WE DO NOT HEAR FROM YOU, THE DISABILITY DECISION WILL BE MADE ON INFORMATION IN YOUR FILE. THIS MAY RESULT IN A DENIAL OF YOUR CLAIM OR YOUR BENEFITS MAY STOP. IF THERE IS A PROBLEM WITH THIS APPOINTMENT, PLEASE CALL ME at (843) 953-0300 or Toll-free: (800) 868-0100.**

Please let us know if you need a foreign language or sign language interpreter, we will arrange those services at no cost to you.

Do not change this appointment without calling me. Read the enclosed pamphlet.

We will pay for this exam. You do not need your Medicaid, Medicare or private insurance card. However, **YOU MUST TAKE THIS LETTER WITH YOU.** At the exam, it may be determined other tests are needed or a scheduled test is not necessary.

Please **arrive 15 minutes early** for your appointment. Take your **glasses, hearing aid, and prescribed medication** with you. One adult may go with you. **The examination provider will determine if this individual may go with you into the examination room.** Do not bring any children unless you are taking a child to his/her exam. Adults who are being examined must bring a Picture I.D. Children should bring one if available.

If there are special instructions related to your specific exam or test, they will be included on a Special Examination Instruction form. **The doctor you will see at this appointment does not make the decision about your claim.**

Please be advised that South Carolina State Law (Title 23 - Law Enforcement and Public Safety, CHAPTER 31, FIREARMS, ARTICLE 4, Section 23-31-215 (M)(10) states: **No one (including concealed weapon permit holders) may carry a concealable weapon into a hospital, medical clinic, doctor's office, or any other facility where medical services or procedures are performed unless expressly authorized by the employer. A person who willfully violates a provision of this subsection is guilty of a misdemeanor and, upon conviction, must be fined not less than one thousand dollars or imprisoned not more than one year, or both, at the discretion of the court and have his permit revoked for five years.**

Sincerely,

D. Galik, Disability Examiner

Enclosure:

Reply Letter, SSA Pub. No. 05-10087

Return Envelope

cc:

CAN/396 Claim No: Q21250 SNO:

CL5 (4/15, mdp)



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### SPECIAL EXAMINATION INSTRUCTIONS

AUGUST 26, 2015

**Appointment For:**

MINNETTA L BENJAMIN  
1809 SHERRILLS MILLS  
RD  
SOCIETY HILL SC 29593

**Ref. No:** Q21250

**Appointment  
With:**

HENRY W LINK PHD  
  
232 SOUTH MAIN STREET  
FAIRMONT NC 28340

**Date:** OCTOBER 30, 2015

**Time:** 09:00AM

**Tele. No:** (910) 628-6718

MINNETTA L BENJAMIN has an examination scheduled with HENRY W LINK PHD on OCTOBER 30, 2015 at 09:00 AM. The following are special instructions about your examination:

If you are coming from the Dillon area, take 95N to exit 2/Rowland. Once you reach the stop sign take a right onto NC 130 bypass East. Continue straight on NC 130 until you reach a stop sign. You will be at the intersection of NC 130 and Main St. Take a left onto Main St. Look for Home Medical Supply on your left (we are located beside them). Look for a black and white sign that says 232. There is also a park bench in front of our office on the sidewalk as well.

If you are coming from Lake View, go North on Highway 41 to Fairmont. Hwy 41 becomes Main Street. The office is approximately 2 blocks past the First Baptist Church on the left. Look for the black and white sign that says 232.

These instructions are very important. Please take this letter with you to your appointment.

CAN/396  
Claim No: Q21250  
CPS1 (2/14, mdp)  
SNO:



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Toll-free: (800) 868-0100 ■ Medical Information Fax: (866) 827-7369

### APPOINTMENT REPLY LETTER

RE: MINNETTA L BENJAMIN

Unit: 3, DMA: Y

Ref. No: Q21250

EXAMINER: D. Galik, 396

APPOINTMENT WITH:  
HENRY W LINK PHD  
232 SOUTH MAIN STREET  
FAIRMONT NC 28340

**APPOINTMENT SCHEDULED FOR:**  
OCTOBER 30, 2015 AT: 9:00 AM

**ATTENTION:** If you cannot keep this appointment, you must call us immediately using the numbers shown above. You must tell us immediately if you have problems with this appointment. If we do not hear from you and you miss this appointment, your disability decision will be made based on the information in your file. This may result in a denial of your claim or your benefits may stop. **The doctor who sees you will only conduct the examination or test that was requested by the Disability Determination Services. The doctor will not decide if you are disabled and no treatment or medication will be prescribed for you.**

- ☐ YES. I plan to keep this appointment as scheduled. I will bring photo ID and my appointment letter.
- ☐ NO. I do not plan to keep this appointment.

### **Optional Release of Information**

IF YOU WANT DISABILITY DETERMINATION SERVICES TO SEND THE REPORT FROM THIS APPOINTMENT TO YOUR OWN DOCTOR, PSYCHOLOGIST, OR PSYCHIATRIST, complete the following information:

\_\_\_\_\_  
Name of Doctor/Medical Facility

\_\_\_\_\_  
Address of Doctor/Medical Facility

FOR CHILDREN ENROLLED IN SCHOOL, complete the following information if you want the report from this appointment sent to the child's school:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address of School

**IMPORTANT:** Please SIGN, DATE, and MAIL this letter back to us immediately in the envelope enclosed. I authorize Disability Determination Services to send results of this examination to the doctor/medical facility/school listed above.

\_\_\_\_\_  
Your Signature  
CL6 (4/15, mdp) SNO:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Telephone Number(s)



RQID:0098962705Q2125001 SITE:S86 DR:S  
SSN:\*\*\*\*\* DOCTYPE:0003 RF:D CS:7887



**DISABILITY DETERMINATION SERVICES**  
**SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT**

*Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.*

*Barbara G. Hollis, Commissioner*

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Toll-free: (800) 868-0100 • Medical Information Fax: (866) 827-7369

**APPOINTMENT REPLY LETTER**

RE: MINNETTA L BENJAMIN

Unit: 3, DMA: Y

Ref. No: Q21250

EXAMINER: D. Galik, 396

APPOINTMENT WITH:  
PRAVIN R PATEL MD  
110 S DOCTORS DR #A-1  
CHERAW SC 29520

**APPOINTMENT SCHEDULED FOR:**  
AUGUST 17, 2015 AT: 10:00 AM

**ATTENTION:** If you cannot keep this appointment, you must call us immediately using the numbers shown above. You must tell us immediately if you have problems with this appointment. If we do not hear from you and you miss this appointment, your disability decision will be made based on the information in your file. This may result in a denial of your claim or your benefits may stop. **The doctor who sees you will only conduct the examination or test that was requested by the Disability Determination Services. The doctor will not decide if you are disabled and no treatment or medication will be prescribed for you.**

☐ YES. I plan to keep this appointment as scheduled. I will bring photo ID and my appointment letter.

☐ NO. I do not plan to keep this appointment.

**Optional Release of Information**

IF YOU WANT DISABILITY DETERMINATION SERVICES TO SEND THE REPORT FROM THIS APPOINTMENT TO YOUR OWN DOCTOR, PSYCHOLOGIST, OR PSYCHIATRIST, complete the following information:

\_\_\_\_\_  
Name of Doctor/Medical Facility

\_\_\_\_\_  
Address of Doctor/Medical Facility

FOR CHILDREN ENROLLED IN SCHOOL, complete the following information if you want the report from this appointment sent to the child's school:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address of School

**IMPORTANT:** Please SIGN, DATE, and MAIL this letter back to us immediately in the envelope enclosed. I authorize Disability Determination Services to send results of this examination to the doctor/medical facility/school listed above.

\_\_\_\_\_  
Your Signature  
CL6 (4/15, mdp) SNO:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Telephone Number(s)



RQID:0098443254Q2125001 SITE:S86 DR:S  
SSN:\*\*\*\*\* DOCTYPE:0003 RF:D CS:7b14



**DISABILITY DETERMINATION SERVICES**  
**SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT**  
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*Barbara G. Hollis, Commissioner*  
Charleston Regional Office • P.O. Box 190029 • North Charleston, SC 29419 • (843) 953-0300  
Toll-free: (800) 868-0100 • Medical Information Fax: (866) 827-7369

July 27, 2015

MINNETTA L BENJAMIN  
1809 SHERRILLS MILLS  
RD  
SOCIETY HILL SC 29593

Claim #: Q21250

Dear MINNETTA L BENJAMIN :

This concerns your eligibility for disability benefits. The Social Security Administration has asked this office to evaluate certain aspects of your claim. We need additional information which only you can provide; therefore, we need to speak with you as soon as possible.

**PLEASE CALL ME.**

**PLEASE HAVE YOUR CLAIM # AVAILABLE WHEN YOU CALL.**

**THE CLAIM # IS Q21250.**

You may call between 8:30 a.m. and 5:00 p.m., Monday through Friday. If you are calling long distance, please call our toll free 1-800 number listed above.

It is your responsibility to cooperate with this office in documenting your claim. If we do not hear from you within 10 days from the date of this letter, we will make our decision using only the information now in your file. The information we now have may not be enough to show that you are disabled or that your disability continues.

If we do not receive enough information, benefits you may be receiving could be stopped. Please respond promptly.

We provide free interpreter services to conduct your Social Security business. You may use your own if you prefer, but we might also have our interpreter present.

Sincerely,

D. Galik, Disability Examiner

DAG/396  
Claim #: Q21250

cc:

ML20 (4/15,mdp)  
DMA: Y  
SNO:



RQID:0098460239Q21250 SITE:S86 DR:S  
SSN:\*\*\*\*\* DOCTYPE:5020 RF:D CS:c051