

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>1-29-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000403</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 2/9/09, & the attached D. V.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-9-09</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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

Mr. William Henry Norman #301923
R.C.I.
Post Office Box 2039 / CB 55
Ridgeland , S.C. 29936
Jan. 27, 2009

RECEIVED

Deputy Dir. Alicia Jacobs
SSCDHHS
Post Office Box 8206
Columbia , S.C. 29202-8206

RE A Fresh Start

Department of Health & Human Services
OFFICE OF THE DIRECTOR

JAN 29 2009

Dear Deputy Dir. Jacobs:

I am William Henry Norman III in the above caption and incarcerated within South Carolina Department of Correction (SCDC) Institution at Ridgeland in Jasper county. I am writing to you seeking your assistance toward A FRESH START toward my maxout or mandatory release on may 1,2009 I will be release to Aiken county and SCDC only provide its release prisoners with the clothes on our body, an I.D., and a bus ticket to our county. I will be living with my family at 1823 Mountside Drive, North Augusta, S.C. 29841. I will appreciate your assistance of a fresh start.

Sincerely,

William Henry Norman III
WILLIAM HENRY NORMAN III

CC: Sen. W. Greg Ryberg
Sen. Nikl G. Setzler
Rep. William "Bill" Clyburn
Rep. Robert S. "Skipper" Perry, Jr.



State of South Carolina
Department of Health and Human Services

Log # 0403
✓

Mark Sanford
Governor

Emma Forkner
Director

February 9, 2009

Mr. William Henry Norman
#301923
Ridgeland Correctional Institution
Post Office Box 2039 / CB 55
Ridgeland, South Carolina 29936

Dear Mr. Norman:

Thank you for contacting our agency regarding information on South Carolina programs that can assist you following the completion of your incarceration.

The Department of Health and Human Services administers the Medicaid program that provides health coverage for low-income families and aged, blind or disabled residents of South Carolina. Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial and categorical guidelines. A Medicaid eligibility worker can determine if you qualify based on the information you provide on an application if you decide to apply. If you have access to the Internet you may also want to visit our website at www.scdhhs.gov or call our Medicaid Resource Center (toll-free) at 1-888-549-0820, 7 AM – 7 PM Monday through Friday.

We have enclosed an overview of the Medicaid program, as well as, information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions, and daily living expenses. We have also included a list of state agencies that may be of assistance to you. We hope this information is helpful.

Sincerely,

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

Alicia Jacobs
Deputy Director

AJ/cle
Enclosures