

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Jacobs	6-12-07

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000777	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	Cleaved 6/26/07, letter attached. ✓	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <u>6-22-07</u>
		<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.				

Log: Jacobs  
APP 12gr

ALEXANDER FERRYWAY

9801 SIMONTON CT,

MURRELLS INLET, SC 29576

JUNE 11, 2007

Dear Ms. Jacobs;

I've sent me representative packet in August 2006 that I needed with the help of Melvin Scott, Thank you.

Ms. Jacobs, I would like to know if you could help me out further. My husband is on SSI, and we applied for Medicaid in 2006 and were telling it for my son. His # was 6269142502. I reapplied and was once denied, and we have less income.

I also need assistance in finding an attorney. It seems like, if you don't have the money (which I don't), they don't have the time. It feels like you have to know someone to help out.

I'm in a situation, that I need an attorney who is willing to help (preliminary on woman) who has, and is obligated in Al. and Pennsylvania. I just need to know if I have a case. I feel that I do, but I best condition is getting back on health insurance and money back.

MRS

Hopefully you can get someone who  
will help me out with this matter,

Also, can we keep this between us  
for now. I don't want to tell my husband  
about this until I'm sure that this can  
be done in SC and Pa. He suffers from  
Major Depression and I don't want to  
upset him.

Can we keep in touch by writing also.  
Hope to hear from you soon.  
Thank you so much

Annex  
Alexandra Stravinsky

ATTN: Mrs. Alicia Jacobs

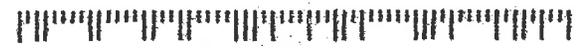
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

JUN 12 2007

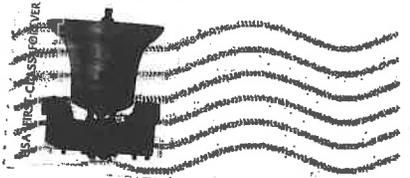
RECEIVED

A. E. ...  
9801 ...  
Murrells Sp... SC  
09576

29202+B206



State of South Carolina  
Dept. of Health & Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206



FLORENCE SC 295  
11 JUN 2007 PM 1 T



State of South Carolina  
Department of Health and Human Services

7777



Mark Sanford  
Governor

Susan B. Bowling  
Acting Director

June 26, 2007

Ms. Alexandra Farraday  
9801 Simonton Court  
Murrells Inlet, South Carolina 29576

Dear Ms. Farraday:

Thank you for writing to us regarding Medicaid eligibility and your need for legal representation. We appreciate the opportunity to be of assistance.

Your most recent application for Medicaid's Low Income Families (LIF) program was denied because your monthly income exceeds the allowable limit. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements based on federal and state regulations. We have enclosed an overview of the Medicaid program for your review. If your financial circumstances should change, please reapply with our Horry County Office, 1601 11<sup>th</sup> Avenue, 2<sup>nd</sup> Floor, Conway, SC 29526 or call 843-381-8260.

Although our agency cannot make legal recommendations, we have enclosed a "Pocket Legal Counselor" provided by the South Carolina Bar. You may also contact the South Carolina Centers for Legal Justice to see if you qualify for free legal help at 1-888-346-5592. We also enclosed information on programs that can assist you in obtaining medical services, inpatient hospitalization and prescription medications at a reduced cost. These programs help individuals who do not qualify for Medicaid, have little or no insurance coverage, and cannot afford to pay for healthcare services.

I hope this information is helpful. If you have any questions about the Medicaid program, please call Denise Epps at 803-898-2505 or (toll-free) 1-888-549-0820, Ext. 2505.

Sincerely,

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

Alicia Jacobs  
Interim Deputy Director

AJ/ode  
Enclosures

<b>LEGISLATIVE LOG #</b>	0777
<b>LEGISLATOR/INQUIRER</b>	Ms. Alexandra Farraday
<b>CONSTITUENT</b>	same
<b>SSN</b>	
<b>BC ASSIGNED LOG</b>	BEPO
<b>DATE REC'D BY AGENCY</b>	6/12/2007
<b>DATE DRAFT DUE AJ</b>	6/20/2007
<b>LOG LETTER DUE DATE</b>	6/22/2007
<b>DATE REFERRED TO BC</b>	6/13/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Ms. Farraday first contacted us in 8/06 - Gold Log # 181 (attached). She wants to communicate in writing only so as not to alarm her husband who is manic depressive and is on SSI. Her son is age 8. Their income is over the limit for LIF and PHC, even though she says they have less income than they did in 2000 when her son had PHC. (There are probably other circumstances there - code UC; however, she's applied several times since then, and income has always been an issue.) She also seeks legal assistance but we don't know for what issue.	6/13/2007	Jan	8-2502	Box...
	6/13/2007	Jennifer	8-3936	To Jenny
	6/13/2007	Jenny	8-3965	To Denise
	6/14/2007	Denise	8-2505	Began research. We also assisted this woman in 8/06 - Gold Log # 181 - copy attached for reference. She wants to communicate in writing, so no phone call possible. Researched multiple denials in MEDS.
	6/21/2007	Denise	8-2505	Drafted response letter and gave to Jenny for edits.

**CHECKLIST**

Family Size	3
Income/Resources	2,929.00
<b>Other Resources:</b>	
Communicare	
FQHCs	x
Free Medical Clinics	x
Medicare	
MIAP	x
Prescription Drug Programs	x
Social Security	
Together Rx	

**Programs:**

ABD (32)	
Foster Children (31,60)	
General Hospital (14)	
HCBS (15)	
LIF (59)	x
MBCCP (71)	
Nursing Home (10)	
OSS (85,86)	
PHC (88)	x
Pregnant Women & Infants (12,87)	
QMB (90)	
SILVERxCARD (92)	
SLMB (48,52)	
SSI (80)	
TEFRA (57)	
Transitional (11)	
Working Disabled (40)	

*Bald Log*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUREAU OF ELIGIBILITY POLICY AND OVERSIGHT  
ACTION REFERRAL

CORRESPONDENCE FOR ALICIA'S SIGNATURE

LOG #: <u>181</u>	DATE RECEIVED: <u>8/24/06</u> by <u>BEPO</u>
-------------------	---

DATE TO ALICIA: <u>8/25/06</u>	DUE DATE: <u>9/5/06</u>
DATE SIGNED BY ALICIA: <u>8/25/06 (late aft.)</u>	
DATE MAILED: <u>8/28/06</u>	

Letter prepared by: *Denise Lopez* Date: *8/24/06*  
*bwf 8/25/06*

Rec'd 8/28/06  
by BEPD

RECEIVED

DN 5/19  
No phone #

JUL 31 2006

CENTRAL ELIGIBILITY  
PROCESSING

ALEXANDRA FARADAY

9801 SIMONSON CT

WHEELERS FALLS, Se 29576

July 27, 2006

Dear Mr. M. Scott:

I am writing to see if you can  
check my fee and see if I can  
qualify to get Medicaid.

I lost my job, and my husband's  
SSI is low.

The number to my fee are # BG 79236782  
HH# 100672097.

BG# 79236779 HH# 100672077

I applied on May 19 2006. My  
husband's amount is \$1405.40 and I mean'd  
and myself are still the same \$358. and  
I'm not working now and I can not collect  
anything.

Also, if we can't qualify, are there any  
other programs I can look into.

Thank you for your time & help  
hope to hear from you soon.  
Please write back.

Sincerely

Alexandra Faraday

ALEXANDRA FARADAY

P.O. Box 652

MOORELLS INLET, SC 29576

MAY 10, 2006

Dear Sir or Madam:

Enclosed is my form to try to receive

some insurance, I do have a question. I'm probably not eligible to receive any benefits. We

there are programs or group insurance that are offered to me but don't qualify at a lower or reduced rate. Opt. I pay higher rates, etc. I have enough to get my. I hope there is something I can participate in.

I thank you.

Hope to hear from you soon.

Please send some information that I can use to get insurance.

Sincerely,  
Alexandra Faraday

MEDELJD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/24/06  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

HH NAME: ALEXANDRA FARRADAY PAGE: 2 OF 3  
 BG NUMBER: 79236779 DATES-FROM: 05 / 2006 THRU: \_\_\_ / \_\_\_ HH NUMBER: 100672077  
 BG: D BGP: D WKR: MSCOT CATEGORY: LIF ACTION TYPE: MAINTENANCE  
 COUNTABLE BG MEMBERS: 3 MELISSA SCOTT ACTION DATE: 05/18/06

COUNTABLE INCOME: 2929.00 COUNTABLE RESOURCES: 0.00  
 INCOME LIMIT: 670.00 RESOURCE LIMIT: 0.00  
 POV-LVL: +2.11 % HLTH INS PREM: 0.00  
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00  
 MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y  
 MEETS INCOME? (Y/N): N DECISION ACCEPTED DATE: 05/18/06  
 MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 05/19/07  
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: \_\_\_\_\_  
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N) -

APPEAL REQUEST DATE: \_\_\_\_\_ COUNTY DECISION UPHELD? (Y/N) : -

UPDATED: USER ID: MSCOT DATE: 05/18/06 SYSTEM ID: ELD3000 DATE: 05/18/06  
 IE900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP  
 PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/24/06

MEDSPROD RECIPIENT INFORMATION ACTION: PAGE: 0001

MEMBER PERIOD START: 05/15/06 END: HH NAME: FARRADAY ALEXANDRA

NAME: FARRADAY ALEXANDRA RCP NUMBER: 6269142501 HH NUMBER: 100672077 ACTION TYPE: MAINTENANCE

SSN: 191-54-9967 VC: V APL STATUS: APL CO: 26 WORKER ID: MSCOT ACTION DATE: 05/18/06

PRIMARY INDIVIDUAL: APL CO: 26 SSCN: 185445171B2 RRN: LOCATION: 055

P O BOX 652 DOB: 02/09/1961 RACE: 01 SEX: F MARITAL STATUS: M

MURRELLS INLET SC 29576- CORRECT RCP NUMBER: \_\_\_\_\_ LIV ARRANGEMENT: HOME INCOME TRUST: PROVIDER:

BG BEG END PCAT QCAT TYPE IND IND % OF POV CHIP S NUMBER ELIG ELIG TYPE IND IND LEVEL NUMBER

UPDATED: USER ID: DALFO DATE: 11/04/03 SYSTEM ID: TEV7115 DATE: 11/26/04

TE900063 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

MEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/24/06  
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 05/15/06 END:

NAME: FARRADAY ALEXANDRA HH NAME: FARRADAY ALEXANDRA

RCP NUMBER: 6269142501 HH NUMBER: 100672077 ACTION TYPE: MAINTENANCE

SSN: 191-54-9967 VC: V APL STATUS: ACTION DATE: 05/18/06

APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:

DOB: 02/09/1961 AGE: 45 SC RES(Y/N): Y QUESTIONABLE(Y/N): N

DOD: \_\_\_\_\_ MEDICARE COVERAGE(Y/N): N

SEX: F FEMALE RACE: 01 WHITE SS CLAIM NUMBER(Y/N): Y 185445171B2

REL: SF1 SELF RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE: \_\_\_\_\_ LTV ARRANGEMENT: HOME HOME

MARITAL STATUS: M MARRIED PROVIDER NAME: \_\_\_\_\_

STUDENT STATUS: \_\_\_\_\_ GRADE: \_\_\_\_\_ ADMISSION DATE: \_\_\_\_\_

PREGNANT(Y/N): N EDC: \_\_\_\_\_ #: \_\_\_\_\_ DATE OF DISCHARGE: \_\_\_\_\_

BLIND/DISABLED(Y/N): Y RSP(Y/N): \_\_\_\_\_ CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET: \_\_\_\_\_ VC: \_\_\_\_\_ CHILD CARE/INCAPACITATED EXPENSE(Y/N): N

VETERAN(Y/N): N INSURANCE(Y/N): Y EARNED INC(Y/N): Y UNEARNED INC(Y/N): Y

US CITIZEN(Y/N): Y ALIEN#: \_\_\_\_\_ REGISTER TO VOTE(Y/N): N REASON: G

US ENTRY: \_\_\_\_\_ BIRTH CNTRY: \_\_\_\_\_ MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y

UPDATED: USER ID: MSCOT BIRTH DATE: 05/18/06 SYSTEM ID: \_\_\_\_\_ DATE: \_\_\_\_\_

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO

15>EINC 16>UINC 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

MEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/24/06  
MEDSPROD UNEARNED INCOME DETAIL ACTION:

NAME: FARRADAY ALEXANDRA PERIOD START: 05/15/2006 END:  
NUMBER: 6269142501 HH NAME: FARRADAY ALEXANDRA  
SSN: 191-54-9967 HH NUMBER: 100672077 ACTION TYPE: MAINTENANCE  
STATUS: ACTION DATE: 05/18/2006

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA  
ADDRESS

DATE APPLIED FOR: 10/24/2002  
END DATE:

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
388.00	05/01/2006	MONTHLY
388.00	01/03/2006	MONTHLY
0.00	01/03/2005	MONTHLY
363.00	10/03/2004	MONTHLY

UPDATED: USER ID: MSCOT DATE: 05/18/2006 SYSTEM ID: CNV1010 DATE: 10/24/02  
INCOME RECORD FOUND

PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT  
PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

August 28, 2006

Ms. Alexandra Farraday  
Post Office Box 652  
9801 Simonton Court  
Murrells Inlet, South Carolina 29576

Dear Ms. Farraday:

Thank you for your letter to Ms. Melissa Scott, your eligibility worker, regarding changes in your income and your Medicaid eligibility. I welcome the opportunity to assist you.

As your financial circumstances have changed since you were denied Medicaid coverage in May 2006, I have enclosed a new Partners for Health (Medicaid) application and accompanying required documentation. An overview that explains the financial and categorical requirements of the various Medicaid programs is also enclosed. If you feel you or your family may now qualify, please submit the completed application and accompanying forms to the address listed on the application. If you have any questions regarding this application process, please call your eligibility worker, Ms. Melissa Scott at 803-898-4881.

Fortunately, there are other programs besides Medicaid that can assist with your healthcare and prescription medication needs. I have enclosed some information on several programs that may be able to assist you in obtaining prescription medications at a reduced cost.

I would also encourage you to seek assistance from a Community Health Center (CHC). These centers provide basic medical care to all individuals in their service area regardless of their income or insurance status, but may assess a small fee based upon your income. Your nearest CHC is Health Care Partners of South Carolina in Conway at 843-248-4700.

I hope this information is helpful.

Sincerely,

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

Alicia Jacobs  
Bureau Chief

AJ/he  
c: Ms. Melissa Scott, Central Eligibility Processing  
Enclosures

Bureau of Eligibility Policy and Oversight  
P.O. Box 8206 • Columbia, South Carolina 29202-8206  
Phone (803) 898-2635 • Fax (803) 255-8350

MEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
 MED3SPROD HOUSEHOLD BUDGET GROUPS

HH NAME: FARRADAY ALEXANDRA PAGE: 0001  
 HH NUMBER: 100672077 APL STATUS: ACTION TYPE: MAINTENANCE  
 ACTION DATE: 09/18/06

S	BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	LAST REVIEW	BG	STATUS
✓		62691425	PHC	TSPIR	26	001	11/18/2000			CLOSED
✓		99159331	LIF	GTAYL	47	055	10/19/2007			DENIED
✓		99159345	PHC	GTAYL	47	055	10/13/2007			DENIED
✓		79236779	LIF	MSCOT	47	055	05/19/2007			DENIED
✓		79236782	PHC	MSCOT	47	055	05/19/2007			DENIED
-		78609871	ABD	JELLI	26	004	10/01/2005			DENIED
-		68610480	ABD	JELLI	26	004	10/01/2005			DENIED
-		78608705	PHC	JMCKN	26	001	11/01/2005			DENIED
-		97988984	ABD	DALFO	26	001	11/05/2004			DENIED
-		97989004	SIMB2	DALFO	26	001	11/05/2004			DENIED
-		97988998	PHC	DALFO	26	001	11/05/2004			DENIED

UPDATED: USER ID: GTAYL DATE: 09/18/06 SYSTEM ID: HMS5000 DATE: 09/18/06  
 ME900041 PRESS PF8 TO DISPLAY MORE RECORDS  
 PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION  
 PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->EILD00

Document Name: untitled  
S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAID ELIGIBILITY DECISION

ELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DSPROD DATES-FROM: 06 / 2002 THRU: /  
CATEGORY: TABATHA SPIRES  
HH NUMBER: 100672077  
ACTION TYPE: MAINTENANCE  
ACTION DATE: 04/17/01

DATE: 06/13/07  
ACTION:  
PAGE: 2 OF 3

1 NAME: ALEXANDRA FARRADAY  
2 NUMBER: 62691425 WKR: TSPIR  
G: C BGP: C 0.00  
COUNTABLE BG MEMBERS: 0.00  
COUNTABLE INCOME: 0.00  
COUNTABLE INCOME: 0.00  
INCOME LIMIT: +.00 %  
POV-LVL: 0.00 TOTAL ALLOC: 0.00  
RECURRING INC: (Y/N) : -  
MEETS NON-FINANCIAL? (Y/N) : -  
MEETS INCOME? (Y/N) : -  
MEETS RESOURCES? (Y/N) : -  
MEETS OTHER CONDITIONS? (Y/N) : Y  
MEETS REASON CODE NOT FOUND  
MEETS OTHER CONDITIONS? (Y/N) : Y  
REASON(S) FOR DENIAL/CLOSURE/CHANGE: (Y/N) : -

CONTINUE BENEFITS? (Y/N) : -  
COUNTY DECISION UPHELD? (Y/N) : -  
SYSTEM ID: CNV1000 DATE: 10/24/02

ELIGIBILITY DECISION APPEALED? (Y/N) : -  
DATE: \_\_\_\_\_  
APPEAL REQUEST ID: \_\_\_\_\_ DATE: \_\_\_\_\_  
UPDATED: USER ID: \_\_\_\_\_ PF6->RETURN PF10->MENU PF13->FIELD HELP  
ME903047 REASON CODE NOT FOUND PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP  
PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP  
PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
 MEDSPROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: FARRADAY ALEXANDRA ACTION TYPE: MAINTENANCE  
 HH NUMBER: 100672077 APL STATUS: \_\_\_\_\_ ACTION DATE: 09/18/06

BG	S NUMBER	CATEGORY	WORKER	CNTY	LOC	REVIEW	LAST REVIEW	STATUS
	52691425	PHC	TSPIR	26	001	11/18/2000		CLOSED
	99159331	LIF	GTAYL	47	055	10/19/2007		DENIED
	99159345	PHC	GTAYL	47	055	10/13/2007		DENIED
	79236779	LIF	MSCOT	47	055	05/19/2007		DENIED
	79236782	PHC	MSCOT	47	055	05/19/2007		DENIED
	78609871	ABD	JELLI	26	004	10/01/2005		DENIED
	68610480	ABD	JELLI	26	004	10/01/2005		DENIED
	78608705	PHC	JMCKN	26	001	11/01/2005		DENIED
	97988984	ABD	DALFO	26	001	11/05/2004		DENIED
	97989004	SLMB2	DALFO	26	001	11/05/2004		DENIED
	97988998	PHC	DALFO	26	001	11/05/2004		DENIED

UPDATED: USER ID: GTAYL DATE: 09/18/06 SYSTEM ID: HMS5000 DATE: 09/18/06  
 ME900041 PRESS PF8 TO DISPLAY MORE RECORDS  
 PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION  
 PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELDD00

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:  
DATES-FROM: 06 / 2002 THRU: \_\_\_ / \_\_\_ PAGE: 2 OF 3

HH NAME: ALEXANDRA FARRADAY HH NUMBER: 100672077  
BG NUMBER: 62691425 CATEGORY: ~~PHS~~ ACTION TYPE: MAINTENANCE  
BG: C BGP: C WKR: TSPJR TABATHA SPIRES ACTION DATE: 04/17/01

COUNTABLE BG MEMBERS: \_\_\_  
COUNTABLE INCOME: 0.00 COUNTABLE RESOURCES: 0.00  
INCOME LIMIT: 0.00 RESOURCE LIMIT: 0.00  
POV-LVL: +.00 % HLTH INS PREM: 0.00  
RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00  
MEETS NON-FINANCIAL? (Y/N): \_ ACT ON DECISION COMPLETE? (Y/N): Y  
MEETS INCOME? (Y/N): \_ DECISION ACCEPTED DATE:  
MEETS RESOURCES? (Y/N): \_ NEXT REVIEW DATE: 11/18/00  
MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE:  
REASON(S) FOR DENIAL/CLOSURE/CHANGE:

ELIGIBILITY DECISION APPEALED? (Y/N) \_ CONTINUE BENEFITS? (Y/N): \_  
APPEAL REQUEST DATE: \_\_\_\_\_ COUNTY DECISION UPHELD? (Y/N): \_  
UPDATED: USER ID: \_\_\_\_\_ DATE: \_\_\_\_\_ SYSTEM ID: CNV1000 DATE: 10/24/02  
ME903047 REASON CODE NOT FOUND  
PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP  
PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
MEDSPROD MEMBER PERIOD START: 09/14/06 END: PAGE: 0001  
RECIPIENT INFORMATION ACTION:

NAME: FARRADAY JENSEN J HH NAME: FARRADAY ALEXANDRA  
RCP NUMBER: 6269142502 HH NUMBER: 100672077 ACTION TYPE: MAINTENANCE  
SSN: 655-05-1178 VC: V APL STATUS: ACTION DATE: 09/18/06  
PRIMARY INDIVIDUAL: APL CO: 26 WORKER ID: GTAYL LOCATION: 055  
9801 SIMONTON COURT SSCN: 185445171C1 RRN:

MURRELLS INLET SC 29576-  
CORRECT RCP NUMBER: \_\_\_\_\_ DOB: 11/24/1998 RELATION: CHILLD  
LIV ARRANGEMENT: HOME INCOME TRUST:  
PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	LEVEL	CHIP
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	NUMBER
62691425	08/01/1999	05/01/2001	88	30					.00

UPDATED: USER ID: MSCOT DATE: 05/18/06 SYSTEM ID: CNV1010 DATE: 10/24/02  
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

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: \_\_\_\_\_

DATES-FROM: 05 / 2006 THRU: \_\_\_ / \_\_\_ PAGE: 2 OF 3

HH NAME: ALEXANDRA FARRADAY CATEGORY: LIF HH NUMBER: 100672077

BG NUMBER: 79236779 WKR: MSCOT MELISSA SCOTT ACTION TYPE: MAINTENANCE

BG: D BGP: D WKR: MSCOT ACTION DATE: 05/18/06

COUNTABLE BG MEMBERS: 3

COUNTABLE INCOME: 2929.00 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 670.00 RESOURCE LIMIT: 0.00

POV-LVL: +2.11 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): N DECISION ACCEPTED DATE: 05/18/06

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 05/19/07

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: \_\_\_\_\_

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) \_ CONTINUE BENEFITS? (Y/N): \_

APPEAL REQUEST DATE: \_\_\_\_\_ COUNTY DECISION UPHELD? (Y/N): \_

UPDATED: USER ID: MSCOT DATE: 05/18/06 SYSTEM ID: ELD3000 DATE: 05/18/06

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 09 / 2006 THRU: / / PAGE: 2 OF 3

HH NAME: ALEXANDRA FARRADAY CATEGORY: LIF HH NUMBER: 100672077

BG NUMBER: 99159331 WKR: GTAYL GLORIA TAYLOR-KING ACTION TYPE: MAINTENANCE

BG: D BGP: D WKR: GTAYL ACTION DATE: 10/18/06

COUNTABLE BG MEMBERS: 3

COUNTABLE INCOME: 2328.40 COUNTABLE RESOURCES: 600.00

INCOME LIMIT: 691.00 RESOURCE LIMIT: 30000.00

POV-LVL: +1.68 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N) : Y ACT ON DECISION COMPLETE? (Y/N) : Y

MEETS INCOME? (Y/N) : N DECISION ACCEPTED DATE: 10/18/06

MEETS RESOURCES? (Y/N) : Y NEXT REVIEW DATE: 10/19/07

MEETS OTHER CONDITIONS? (Y/N) : Y ANTICIPATED CLOSURE DATE: \_\_\_\_\_

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

012 You did not provide proof of citizenship and identity.

APPEAL REQUEST DATE: \_\_\_\_\_ COUNTY DECISION UPHELD? (Y/N) : -

UPDATED: USER ID: GTAYL DATE: 10/18/06 SYSTEM ID: ELD3000 DATE: 10/18/06

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: \_\_\_\_\_  
 DATES-FROM: 05 / 2006 THRU: \_\_\_ / \_\_\_\_\_ PAGE: 2 OF 3

HH NAME: ALEXANDRA FARRADAY

HH NUMBER: 100672077

BG NUMBER: 79236782

CATEGORY: PHC

ACTION TYPE: MAINTENANCE

BG: D BGP: D WKR: MSCOT MELISSA SCOTT

ACTION DATE: 05/18/06

COUNTABLE BG MEMBERS: 3

COUNTABLE INCOME: 2929.00 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 2075.00 RESOURCE LIMIT: 0.00

POV-LVL: +2.11 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): N DECISION ACCEPTED DATE: 05/18/06

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 05/19/07

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: \_\_\_\_\_

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) \_ CONTINUE BENEFITS? (Y/N): \_  
 APPEAL REQUEST DATE: \_\_\_\_\_ COUNTY DECISION UPHELD? (Y/N): \_

UPDATED: USER ID: MSCOT DATE: 05/18/06 SYSTEM ID: ELD3000 DATE: 05/18/06

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:  
DATES-FROM: 09 / 2006 THRU: \_\_\_ / \_\_\_ PAGE: 2 OF 3

HH NAME: ALEXANDRA FARRADAY HH NUMBER: 100672077

BG NUMBER: 99159345 CATEGORY: PHC ACTION TYPE: MAINTENANCE

BG: D BGP: D WKR: GTAYL GLORIA TAYLOR-KING ACTION DATE: 10/12/06

COUNTABLE BG MEMBERS: 3

COUNTABLE INCOME: 2328.40 COUNTABLE RESOURCES: 600.00

INCOME LIMIT: 2075.00 RESOURCE LIMIT: 30000.00

POV-LVL: +1.68 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): N ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): N DECISION ACCEPTED DATE: 10/12/06

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 10/13/07

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: \_\_\_\_\_

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

012 You did not provide proof of citizenship and identity.

APPEAL REQUEST DATE: \_\_\_\_\_ CONTINUE BENEFITS? (Y/N): -

UPDATED: USER ID: GTAYL DATE: 10/12/06 COUNTY DECISION UPHELD? (Y/N): -

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND SYSTEM ID: ELD3000 DATE: 10/12/06

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: FARRADAY ALEXANDRA ACTION TYPE: MAINTENANCE  
HH NUMBER: 100672077 APL STATUS: ACTION DATE: 09/18/06  
APPL EFFECTIVE DATE: 09/14/2006 WORKER: GTAYL GLORIA TAYLOR-KING  
MAIL IN(Y/N): Y WORKER'S COUNTY: 47 STATE OFFICE  
APPLICANT'S COUNTY: 26 HORRY  
COURTESY APPLICATION(Y/N): N  
MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH  
9801 SIMONTON COURT REASON FOR APPLICATION:  
ADULT WITH CHILDREN(Y/N): Y

MURRELLS INLET SC 29576- CHILDREN 1 AND OVER(Y/N): Y  
RESIDENCE ADDRESS: INFANTS UNDER AGE 1(Y/N): N  
9801 SIMONTON COURT PREGNANT(Y/N): N  
BLIND/DISABLED(Y/N): N  
AGED(Y/N): N

MURRELLS INLET SC 29576- LIMITED DATA COLLECTION: 00 NONE  
PHONE: H: 843-357-3528 W: - - FIRST SIGNATURE OBTAINED(Y/N): Y  
UPDATED: USER ID: GTAYL DATE: 09/18/06 SYSTEM ID: HMS5000 DATE: 09/18/06  
ME900049 HOUSEHOLD RECORD FOUND WITHDRAW APPLICATION(W/C/N): N

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES  
PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

MEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 09/14/06 END:

NAME: FARRADAY ALEXANDRA HH NAME: FARRADAY ALEXANDRA

RCP NUMBER: 6269142501 HH NUMBER: 100672077 ACTION TYPE: MAINTENANCE

SSN: 191-54-9967 VC: V APL STATUS: ACTION DATE: 09/18/06

APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:

DOB: 02/09/1961 AGE: 46 SC RES(Y/N): Y QUESTIONABLE(Y/N): N

DOD: MEDICARE COVERAGE(Y/N): N

SEX: F FEMALE RACE: 01 WHITE SS CLAIM NUMBER(Y/N): Y 185445171B2

REL: SF1 SELF RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE: LIV ARRANGEMENT: HOME HOME

MARITAL STATUS: M MARRIED PROVIDER NAME:

STUDENT STATUS: GRADE: ADMISSION DATE:

PREGNANT(Y/N): N EDC: # DATE OF DISCHARGE:

BLIND/DISABLED(Y/N): Y RSP(Y/N): CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET: VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N): N

VETERAN(Y/N): N INSURANCE(Y/N): Y EARNED INC(Y/N): N UNEARNED INC(Y/N): Y

US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: G

US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y

UPDATED: USER ID: GTAYL DATE: 09/18/06 SYSTEM ID: IEV7200 DATE: 11/24/06

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO

15>EINC 16>UINC 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

MEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 09/14/06 END:

NAME: FARRADAY STEVEN M

HH NAME: FARRADAY ALEXANDRA

RCP NUMBER: 9780018702

HH NUMBER: 100672077

ACTION TYPE: MAINTENANCE

SSN: 185-44-5171 VC: V APL STATUS:

ACTION DATE: 09/18/06

APPLYING(A/NA): A

ALTERNATE RECIPIENT NUMBER:

DOB: 06/10/1952 AGE: 55

SC RES(Y/N): Y QUESTIONABLE(Y/N): N

DOD:

MEDICARE COVERAGE(Y/N): Y 185445171A

SEX: M MALE RACE: 01 WHITE

SS CLAIM NUMBER(Y/N): Y 185445171A

REL: S01 SPOUSE

RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE:

LIV ARRANGEMENT: HOME HOME

MARITAL STATUS: M MARRIED

PROVIDER NAME:

STUDENT STATUS: GRADE: #:

ADMISSION DATE:

PREGNANT(Y/N): N EDC: RSP(Y/N):

DATE OF DISCHARGE:

BLIND/DISABLED(Y/N): Y

CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET: 08/01/1994 VC:

CHILD CARE/INCAPACITATED EXPENSE(Y/N): N

VETERAN(Y/N): N INSURANCE(Y/N): Y

EARNED INC(Y/N): N UNEARNED INC(Y/N): Y

US CITIZEN(Y/N): Y ALIEN#: BIRTH

REGISTER TO VOTE(Y/N): N REASON: G

US ENTRY: BIRTH CNTRY: DATE: 09/18/06

MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y

UPDATED: USER ID: GTAYL

SYSTEM ID: TTR1004 DATE: 05/28/07

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO

15>EINC 16>UINC 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

MEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 09/14/06 END:

NAME: FARRADAY JENSEN J

HH NAME: FARRADAY ALEXANDRA

RCP NUMBER: 6269142502

HH NUMBER: 100672077

ACTION TYPE: MAINTENANCE

SSN: 655-05-1178 VC: V APL STATUS:

ACTION DATE: 09/18/06

APPLYING(A/NA): A

ALTERNATE RECIPIENT NUMBER:

DOB: 11/24/1998 AGE: 8

SC RES(Y/N): Y QUESTIONABLE(Y/N): N

DOD: RACE: 01 WHITE

MEDICARE COVERAGE(Y/N): N

SEX: M MALE

SS CLAIM NUMBER(Y/N): Y 185445171C1

REL: CH2 LEGAL CHILD OF SELF AND SPO

RAILROAD NUMBER(Y/N): N

SSI APPLICATION DATE:

LIV ARRANGEMENT: HOME HOME

MARITAL STATUS: S SINGLE

PROVIDER NAME:

STUDENT STATUS: GRADE: #:

ADMISSION DATE:

PREGNANT(Y/N): N EDC: RSP(Y/N):

DATE OF DISCHARGE:

BLIND/DISABLED(Y/N): N VC: INSURANCE(Y/N): Y

CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET: BIRTH CNTRY: DATE: 09/18/06

CHILD CARE/INCAPACITATED EXPENSE(Y/N): N

VETERAN(Y/N): Y ALIEN#: VETERAN(Y/N): Y

EARNED INC(Y/N): N UNEARNED INC(Y/N): Y

US CITIZEN(Y/N): Y BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y

REGISTER TO VOTE(Y/N): N REASON: E

US ENTRY: BIRTH CNTRY: DATE: 11/24/06

MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y

UPDATED: USER ID: GTAYL

DATE: 09/18/06 SYSTEM ID: IEV7200 DATE: 11/24/06

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO

15>EINC 16>UINC 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

MEDHMS07 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
 MEDSPROD HOUSEHOLD MEMBERS ACTION: PAGE: 0001

HH NAME: FARRADAY ALEXANDRA ACTION TYPE: MAINTENANCE  
 HH NUMBER: 100672077 APL STATUS: ACTION DATE: 09/18/06

COMPLETE FOR ALL HOUSEHOLD MEMBERS

A/	RCP	NAME	CAT1	CAT2	REL	AGE	Y/N	Y/N	LA
S NA	NUMBER								
A	6269142501	* ALEXANDRA FARRADAY	LIF		SELF	046	N	Y	HOME
A	6269142502	JENSEN J FARRADAY	LIF	PHC	CHILD	008	N	N	HOME
A	9780018702	STEVEN M FARRADAY	LIF		SPOUSE	055	N	Y	HOME

UPDATED: USER ID: GTAYL DATE: 09/18/06 SYSTEM ID: HMS5000 DATE: 09/18/06  
 ME900049 HOUSEHOLD RECORD FOUND  
 PF1->HELP PF2->HH MBR DTL PF3->NEXT SCR PF4->REF PF5->HH BGS PF6->RETURN  
 PF7->PREV PF8->NEXT PF14->RCP INF PF16->ADD BG PF21->HIST- PF22->HIST+

MEDHMS14 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
MEDSPROD UNEARNED INCOME INFORMATION ACTION:

MEMBER PERIOD START: 09/14/06 END:

NAME: FARRADAY ALEXANDRA

HH NAME: FARRADAY ALEXANDRA

RCP NUMBER: 6269142501

HH NUMBER: 100672077

ACTION TYPE: MAINTENANCE

SSN: 191-54-9967

STATUS:

ACTION DATE: 09/18/06

INDICATE WITH AN "X" IF YOU RECEIVE OR IF YOU HAVE APPLIED FOR THE FOLLOWING:  
\*\*INDICATE INCOME RECEIVED OR APPLIED FOR THIS INDIVIDUAL BY ANOTHER.\*\*

SSI	RENTAL/LEASE	ROOM/BOARD	INTEREST/DIVIDENDS
X SSA	CHILD SUPPORT	LUMP SUM	TRUST
VA COMP	ALIMONY	RAILROAD RETIREMENT	UNEMP COMP
VA A&A	SC RETIREMENT	ANNUITY	WORKER COMP
VA PENSION	OTHER PENSIONS	GRANTS/SCHOLARSHIPS/	OTHER
CONTRIBUTIONS	CIVIL SERVICE	EDU LOANS	

HAVE YOU WORKED FOR THE GOVERNMENT OR FOR THE RAILROAD (Y/N): N  
DO YOU RECEIVE PAYMENTS FROM LOAN, PROMISSORY NOTE OR MORTGAGE (Y/N): N  
PAYMENTS TO A RCF BY A FRIEND OR RELATIVE ON YOUR BEHALF (Y/N): N  
HAVE YOU EVER VOLUNTARILY GIVEN UP ANY PORTION OF ANY INCOME (Y/N): N

UPDATED: USER ID: GTAYL DATE: 09/18/06 SYSTEM ID: IEV7200 DATE: 11/24/06  
ME900063 RECIPIENT RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFH PF10->PREV MENU PF13->FIELD HELP  
PF17->PAR01 PF21->HIST- PF22->HIST+

MEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/13/07  
 MEDSPROD UNEARNED INCOME DETAIL ACTION:  
 NAME: FARRADAY ALEXANDRA PERIOD START: 09/14/2006 END:  
 NUMBER: 6269142501 HH NAME: FARRADAY ALEXANDRA  
 SSN: 191-54-9967 HH NUMBER: 100672077 ACTION TYPE: MAINTENANCE  
 STATUS: ACTION DATE: 09/18/2006

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA  
 ADDRESS

DATE APPLIED FOR: 10/24/2002  
 END DATE:

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE	RECD	FREQUENCY
0.00			
401.00	01/03/2007		MONTHLY
388.00	09/03/2006		MONTHLY
388.00	05/01/2006		MONTHLY
388.00	01/03/2006		MONTHLY

UPDATED: USER ID: GTAYL DATE: 09/18/2006 SYSTEM ID: CNV1010 DATE: 10/24/02  
 INCOME RECORD FOUND  
 PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT  
 PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO