

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>12-11-06</i>
-------------------	-----------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000399</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Cleaved 12/21/06, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-18-06</i> DATE DUE _____		
		<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.			

LINDSEY O. GRAHAM
SOUTH CAROLINA
(202) 224-5972

United States Senate

WASHINGTON, DC 20510

RECEIVED

December 8, 2006

DEC 11 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert Kerr
Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Rog-Ries
WAPPAP. Sign !!

Dear Mr. Kerr:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, 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 the individual.

Sincerely,



Lindsey O. Graham
United States Senator

LOG/lt

Enclosure

DATE: 12-4-06

NAME: TERRI W. BOLDING

TEL # 843-835-3803

TO: SENATOR LINDSEY GRAHAM

DEAR SENATOR, I AM WRITING THIS LETTER TO SEE IF MAYBE YOU CAN HELP MY FAMILY IN OUR FINANCIAL STRUGGLES WE WERE RECENTLY TURNED DOWN FROM THE STATE OFFICE COUNTY DHS IN COLUMBIA, SC. I AM ENCLISING A COPY OF THE MEDICAD LETTER OF ACTION AND ALSO SENDING YOU A COPY OF A LETTER I WROTE BACK TO COLUMBIA, SC. DHS TO RECONSIDER THEIR DECISION ON TURNING OUR FAMILY DOWN OFF OF \$1,473⁰⁰ A MONTH. I BROKE DOWN WHERE THE INCOME IS GOING AND AS YOU CAN SEE \$50⁰⁰ MONTH LEFT OVER IS REALLY NOTHING LEFT TO AFFORD ANYTHING ELSE. \$1,186 MONTH COMES FROM MY HUSBAND'S VA. BENEFITS IN WHICH YOU HELPED HIM GET AND WE APPRECIATE IT FROM THE BOTTOM OF OUR HEARTS, THEN HE GETS TWO OTHER PENSION CHECKS FROM PREVIOUS EMPLOYERS \$177.00 MONTH AND \$210⁰⁰ MONTH. BUT IT IS SO HARD TO TRY TO BUDGET ALL THE BILLS WITH THIS SMALL AMOUNT OF MONEIES, ESPECIALLY WHEN MY HUSBAND WAS WORKING HE WAS BRINGING HOME \$1,700⁰⁰ A MONTH. MY HUSBAND IS STILL TRYING TO GET HIS SOCIAL SECURITY DISABILITY BENEFITS BUT HAS BEEN TURNED DOWN THREE TIMES, THREE OR FOUR DOCTORS HAVE TOLD HIM THAT HE CAN'T GO BACK TO WORK ANYTIME BECAUSE OF HIS MEDICAL CONDITION. I CAN'T WORK BECAUSE WE DON'T HAVE THE MONEY FOR DAY CARE EXPENSES AND RESIDES OUR DAUGHTER JUST TURNED THREE YEARS OLD AND I CAN'T LEAVE HER WITH HER FATHER IN HIS CONDITION. PLEASE SIR IF YOU COULD MAYBE PUSH FOR MY FAMILY SOME FOOD STAMPS AND FOR ME TO BE ON MEDICAD BECAUSE I DON'T HAVE ANY INSURANCE AND CAN'T AFFORD TO BUY IT. IF SOMETHING HAPPENED TO ME ~~CANNE~~ WHERE I BECAME VERY SICK AND RAN UP COSTLY MEDICAL BILLS, WE JUST COULDN'T HANDLE IT THANKS VERY MUCH

REQUEST FOR A HEARING OR REVERSAL OF DENIAL

DATE: 12-4-06

NAME: TERRI BOLDING

TEL # 843-835-3803

TO: STATE OFFICE COUNTY DHHS

ATTN: BETSY CARROLL MEDICAID CASE WORKER

DEAR MRS. CARROLL, I JUST RECENTLY RECEIVED THE MEDICAID LETTER OF ACTION IN WHICH STATES THAT MY APPLICATION WAS DENIED BECAUSE OF MY INCOME BEING MORE THAN THE POLICY ALLOWS.

WE'LL LET ME BREAK THIS INCOME DOWN AND SHOW YOU JUST HOW

MUCH THREE PEOPLE CAN LIVE ON \$1,473⁰⁰ A MONTH. POWER BILL \$163⁰⁰ AUG. MONTH

AS YOU CAN SEE AIRTEL - 295 MONTHLY UTILITIES SATELITE DSH 49⁰⁰ MONTH

ALL THE DEDUCTIONS THAT 1178 PHONETIC TELEPHONE \$3⁰⁰ MONTH

COME OUT OF THE \$1,473⁰⁰ MO. 300 AUG MONTH GAS AIRTEL CELL PHONE 00 MONTH

THIS LEAVES VERY LITTLE 878 295 MONTHLY UTILITIES

LEFT OVER FOR OTHER NEEDS 499 HOUSE PAYMENT 81 CAR INS MONTH

MY FAMILY IS STRUGGLING 948 -161 CREDIT CARD

VERY HARD TO SURVIVE 257 -46 TRASH AND GARBAGE

WE COULD USE SOME 911 -161 GAS FOR VEHICLE MONTH

KIND OF HELP, MAYBE 50 LEFT OVER FOR MEDICINE, ENTERTAINMENT, ETC

FOODSTAMPS, OR MEDICAID GOING TO DOCTORS

MY HUSBAND IS DISABLED TO WORK HE IS TRYING TO GET HIS SOCIAL SECURITY DISABILITY BENEFITS BUT HAS BEEN DENIED BENEFITS THREE TIMES. WE HAVE A

THREE YEAR OLD DAUGHTER. WHEN WE ADOPTED WHEN SHE WAS A NEWBORN CHILD

SHE IS A BEAUTIFUL PINKED CHILD WHOM HER NATURAL MOON DIDNT WANT BECAUSE

OF HER COLOR. MY HUSBAND AND I ARE A WHITE COUPLE AND WE WANTED A

BLACK GIRL VERY MUCH. WE DONT SEE COLOR IN HER WE ONLY SEE LOVE

PLEASE LOOK AT THIS HARD AND CAREFULLY AND WE HOPE THAT DHHS CAN FIND IT IN

THEIR HEART TO RECONSIDER THANKAS Yanni R. Bolding 12-4-06

Medicaid Letter of Action

From: STATE OFFICE COUNTY DHHS
P. O. Box 100101
Columbia SC 29202-0000

To: TERRI BOLDING
863 WHITES AVENUE
COTTAGEVILLE SC 29435

Date: 12/01/2006
Worker Name: BETSY CARROLL
Telephone: 803 898-3010
BG #: 89419834
HH #: 101090300
47 BARTH

Recipient Name:

TERRI BOLDING
HAROLD BOLDING
TAYLOR BOLDING

Recipient ID:

8780533475
8780533476
8780533477

Your application has been denied for: **LOW INCOME FAMILIES**

Reason for denial:

Your income is more than policy allows.

Denied for the month(s) of: 10/2006

Manual/policy reference supporting this action: 205.04

X You may ask for a fair hearing before the Department of Health and Human Services if you believe an error was made in processing your application.

To Request A Hearing from the Department of Health and Human Services
• Ask your Medicaid worker in writing within 30 days of this letter. Attach a copy of this letter to your request.

To Get Help with Your Hearing

- You may hire an attorney to help you
- You may have someone you know come to the hearing and speak for you
- Contact your Medicaid worker in person or by phone to get help in asking for a hearing

KROGER CONSOL RETIREMENT BENEFIT PLAN

FED W/TAX	GROSS	CHECK NO.
.00	77.04	003428
11-26-2006	XXX-XX-9646	
DATE	SOC. SEC #	TOTAL TAX
		NET
		77.04

THIS IS A STATEMENT OF YOUR EARNINGS AND TAXES.

CONSOL RETIREMENT BENEFIT PLAN



11-26-2006 003428

HAROLD BOLDING 033
863 WHITES AVE
COTTAGEVILLE SC 29435

DEPOSIT ADVICE ONLY
-NON NEGOTIABLE-



Mellon Bank

PO BOX 569
PITTSBURGH, PA 15230-0569

AHOLD USA INC
PENSION PLAN

IMPORTANT
NOTICE
RETAIN FOR YOUR
RECORDS THIS IS
NOT A CHECK

NAME AND ADDRESS

HAROLD D BOLDING 111332 0145-330-53-3DG
863 WHITES AVE
COTTAGEVILLE, SC 29435-3744

YEAR TO DATE TAX INFO
TOTAL GROSS 630.51
TOTAL TAXABLE 630.51

DIRECT DEPOSIT SUMMARY

ACCOUNT NUMBER AODDM 9646 DATE OF CHECK 12/01/06
PAYEE NAME HAROLD D BOLDING NET PAYMENT AMOUNT 210.17

PAYMENTS	CURRENT	YEAR TO DATE	DEDUCTIONS	CURRENT	YEAR TO DATE
DISBUR	210.17	630.51		0.00	0.00
TOTAL	210.17	630.51	TOTAL		

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED
DEPOSIT ACCOUNT BANK TR#

CONTACT MELLON AT 1-800-418-0273 FOR ADDRESS, DIRECT DEPOSIT
TAX WITHHOLDING CHANGES OR LOST CHECK OR 1099RS. DEATHS
SHOULD BE REPORTED TO YOUR OPERATING COMPANY AS FOLLOWS:
1-800-843-5343 OPTION 2,3,3.
W/H ELECTIONS: FED CALCULATED - M/03
STATE NO WITHHOLDING



DEPARTMENT OF VETERANS AFFAIRS
 Regional Office
 1801 Assembly Street
 Columbia SC 29201

MAR 22 2006
 HAROLD DAVID BOLDING
 863 WHITES AVE
 COTTAGEVILLE SC 29435

In Reply Refer To: 319/213
 CSS 238 76 9646
 BOLDING, H D

Dear Mr. Bolding:

We made a decision on your claim received November 21, 2005.

This letter tells you about your entitlement amount, payment start date, what we decided, and how we calculated your benefits. It also tells you of your responsibilities as a veteran in receipt of disability pension, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

What Is Your Entitlement Amount And Payment Start Date?

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Reason For Change
\$1,186.00	Dec 1, 2005	non-service connection is granted
1,036.00	Nov 18, 2021	Taylor turns 18 and is removed as your dependent

3/21/06
~~CRATING~~
~~STARS~~ TMS
 YOU
 MONTH
 INLE
 -1-05

We are paying you as a veteran with 2 dependent(s). Your payment includes an additional amount for your spouse and your child/children. *Let us know right away if there is any change in the status of your dependents.*

When Can You Expect Payment?

Your payment begins the first day of the month following your effective date. You will receive a payment covering the initial amount due under this award, minus any withholdings, in approximately 15 days. Payment will then be made at the beginning of each month for the prior month. For example, benefits due for May are paid on or about June 1.



State of South Carolina
Department of Health and Human Services

#399 ✓

Mark Sanford
Governor

Robert M. Kerr
Director

December 21, 2006

Mrs. Terri Bolding
863 Whites Avenue
Cottageville, South Carolina 29435

Dear Mrs. Bolding:

Senator Lindsey Graham asked our agency to respond to your questions about Medicaid eligibility and your family's financial obligations.

Your coverage under Medicaid's Low Income Families (LIF) program closed June 1, 2006 because your income exceeded allowable limits. You reapplied for LIF in October and were denied because your family's countable monthly income still exceeds the limit. You requested an appeal for the recent denial, and once a hearing date and location have been determined you will be notified.

Your daughter, Taylor, remains covered under Medicaid's Partners for Healthy Children. Unfortunately neither you nor your husband qualifies for any other Medicaid program at this time. We provided you with additional information on organizations and programs that provide medical and prescription assistance for people without Medicaid.

Mr. Bolding's most recent application for disability with the Social Security Administration (SSA) was denied and you are appealing their decision. Please call the Charleston SSA Office of Adjudication and Review at (843) 727-4511 if you have questions about the status of your husband's case.

Medicaid is a health care program and does not provide financial assistance to pay utility bills or living expenses. I have forwarded a copy of your inquiry to the Colleton County Department of Social Services for their review for financial assistance. We also mailed you a list of charitable and non-profit organizations in your area that may be able to assist you.

I hope this information is helpful in meeting your family's financial and healthcare needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Ries".

Gary Ries
Deputy Director

GR/jodl



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

December 21, 2006

Ms. Carolyn Sherman
County Director, Colleton County Office
South Carolina Department of Social Services
215 South Lemacks Street
Bernard Warshaw Complex
Walterboro, South Carolina 29488

Dear Ms. Sherman:

Please find enclosed a copy of correspondence we received from Senator Lindsey Graham concerning the childcare, financial, personal and healthcare needs of Mrs. Terri Bolding, 863 Whites Avenue, Cottageville, SC 29435. We provided her with information to assist with her family's healthcare issues, but Mrs. Bolding also had concerns about Food Stamps and assistance programs from the South Carolina Department of Social Services.

We would appreciate your office contacting Mrs. Bolding at (843) 835-3803 to answer her questions about Food Stamp policies.

Thank you for anything your staff may be able to do to assist Mrs. Bolding.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Ries".

Gary Ries
Deputy Director

GR/jodl

Enclosure

Medicaid Programs / Other Resources Check List

Log # 399

Legislator/Inquirer: Senator Graham

Constituent: Terri Bolding

SS#: 237-02-8296

PROBLEM / ISSUE:		FAMILY SIZE	INCOME / RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
Wife upset they lost coverage due to excess income, reapplied and still over income.		3	1,473	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		Bob Liming		HCBWS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>
DATE	ACTIONS TAKEN TO HELP		LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>	
12/12/06	Receive file, check MEDS; e-mail, caseworker re appeal. Notification E-mail Betsy Carol, check income, they are some \$600 over.		MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>	
12/13/06	Betsy says she will send appeal up this week (See e-mails)		MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>	
12/15/06	Ask for update on where case stands, call Mrs. Bolding + leave msg and my telephone #		Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	
12/15/06	Called Ms. Bolding + still no response, Betsy Carroll says appeal to be sent to appeals on		PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>	
12/18/06	letter to Jill + Jenny for review. No response to Graham needed, simply a referral		Pregnant Women/Infants	<input type="checkbox"/>			
			SILVERxCARD	<input type="checkbox"/>			
			SLMB	<input type="checkbox"/>			
			SSI	<input type="checkbox"/>			
			TEFRA	<input type="checkbox"/>			
			Working Disabled	<input type="checkbox"/>			

From: Robert G Liming
To: Carroll, Betsy
Date: 12/13/2006 8:37 AM
Subject: Re: Stats on Appeal Request for Ms. Terri Bolding SS # 237-02-8296

CC: Dabbs, Jennifer

Great, thanks for the update. Please let me know as soon as the request has been sent to appeals. I am drafting a response to the Senator and I will simply say that Ms. Bolding has requested an appeal of the decision and that as soon as a date and location has been set she will be notified.

>>> Betsy Carroll 12/12/2006 8:33 PM >>>

Hello Mr. Liming,

This appeal will be sent to hearings and appeals this week. I'm currently juggling about 3 appeals this week.

I will send you another email letting you know when the appeal request and summary has been sent.

Thanks!
Betsy Carroll

>>> Robert G Liming 12/12/06 1:14 PM >>>

MEDS indicates you were the caseworker on this case and it appears that this family was closed out of LIF due to excess income on June 2006, and the child was ex parted to PHC. The couple seems to have reapplied for LIF in October and were denied again due to excess income on 11/30/06?

We have a referral on this case from Senator Lindsey Graham and I am drafting a response. In the file is a copy of a letter Ms. Bolding mailed to you dated 12/04/06 requesting a hearing on her denial, can you tell me the status of the hearing request, has it been sent to hearings and appeals and has a date been set? It is clear that their income is far in excess of the requirements.

Thanks for any background and status update you can provide.

Robert G. Liming
Special Project Manager, Office of Constituent Services
South Carolina Department of Health and Human Services
Room 310
1801 Main Street
P.O. Box 8206
Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: rlimingr@scdhhs.gov

Website: www.scdhhs.gov



Programs and Services

Contact Information

South Carolina Department of Social Services
Kim S. Ayllette, State Director

Forms and Brochures

Reports

Colleton County DSS

Search

Programs and Services

Adoption

Adult Protective Services

After-school Snack Program

Child and Adult Care Food Program

Child Care Services

Child Protective Services

Child Support Enforcement

Daniel's Law

Domestic Violence

EBT (for clients)

EBT (for retailers)

Emergency Shelters Food Program

Faith-Based and Community Initiatives

Family Independence (TANF)

Family Nutrition Programs

Foster Care Services

Foster Home and Group Home

Licensing

Food Stamps

Healthy Helpings

Independent Living

Interstate Compact on the Placement of Children

Out-of-Home Abuse and Neglect Investigations

Summer Food Service Program

More Programs and Services ...



Ms. Carolyn Sherman
 County Director

Travel Directions

From Columbia, take I-26 East to I-95 South. Exit I-95 at Exit 57 (Walterboro). Turn left on to Belts Highway. At the first stop light, turn left on to Robertson Blvd. Go to the end of Robertson Blvd. Turn right on to Hampton Street. Go one block and turn left on Gerdeau Street. Go one block and turn right on Cam Street. Go 3 blocks and turn left on South Lemacks Street. Colleton DSS is located on the left.

Address:
 Colleton County DSS
 215 South Lemacks Street
 Bernard Warshaw Complex
 Walterboro, S. C. 29488

Telephone:
 (843) 549-1012 Director/Private
 (843) 549-1894 Staff
 (843) 549-2942 Fax

E-Mail:
 csherman@dss.state.sc.us

Resources
 Forms and Brochures
 News
 Notices
 Reports

See also ...

County Offices and Regional Service Areas

South Carolina Department of Social Services
 P.O. Box 1520 • Columbia, SC 29202-1520
 Disclaimer | Privacy Policies

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/12/06
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 10 / 2006 THRU: /

PAGE: 2 OF 3

HH NAME: TERRI BOLDING CATEGORY: LIF HH NUMBER: 101090300

BG NUMBER: 89419834 ACTION TYPE: MAINTENANCE

BG: D BGP: D WKR: BARTH BETSY CARROLL ACTION DATE: 11/30/06

COUNTABLE BG MEMBERS: 3

COUNTABLE INCOME: 1273.21 COUNTABLE RESOURCES: 741.00

INCOME LIMIT: 691.00 RESOURCE LIMIT: 30000.00

POV-LVL: +.92 % 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: 11/30/06

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 12/01/07

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: BARTH DATE: 11/30/06 SYSTEM ID: ELD3000 DATE: 11/30/06
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

813-835-3803

MEDHMS68 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/12/06
 MEDSPROD HOUSEHOLD SUMMARY INFORMATION PAGE: 0001
 HH NAME: BOLDING TERRI ACTION TYPE: MAINTENANC
 HH NUMBER: 101090300 APL STATUS: ACTION DATE: 11/03/06
 RCP/SSN/BG: LAST APL: 10/31/06 HH COUNTY: 15 COLLETON
 RES ADDR HOME PHONE: 843-835-3803 MAIL ADDR WORK PHONE: 843-909-0407
 863 WHITES AVENUE

S	RCP NUMBER	PI NAME	SC	COTTAGEVILLE	SSN	LATEST ELG PERIOD	AGE	SC 29435-
-	8780533475	* TERRI BOLDING			237-02-8296	11/01/05 - 06/01/06	51	
-	WRKR ID:	SBL0C		NAME: BLOCKER SUMMER		BG: 98824360	CNTY: 15	
-	8780533476	HAROLD BOLDING			238-76-9646	11/01/05 - 06/01/06	58	
-	WRKR ID:	SBL0C		NAME: BLOCKER SUMMER		BG: 98824360	CNTY: 15	
-	8780533477	TAYLOR BOLDING			685-05-1851	06/01/06 -	3	
-	WRKR ID:	NMOUL		NAME: MOULTRIE NICOLE M		BG: 492222908	CNTY: 15	

ME9000049 HOUSEHOLD RECORD FOUND
 PF2->PI PF5->HH MBR DTL PF7->PREV PF8->NEXT PF9->HH APLS PF11->HH MBRS
 PF12->HH BGS PF14->RCP INFO PF17->ELD00 PF18->HH MBR BGS PF19->REPL CARD

MEDHMS07 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/12/06
 MEDSPROD HOUSEHOLD MEMBERS ACTION:

HH NAME: BOLDING TERRI PAGE: 0001
 HH NUMBER: 101090300 APL STATUS: ACTION TYPE: MAINTENANCE
 ACTION DATE: 11/03/06

COMPLETE FOR ALL HOUSEHOLD MEMBERS

A/	RCP	S NA	NUMBER	NAME	CAT1	CAT2	REL	AGE	Y/N	Y/N	LA
A		A	8780533475	* TERRI BOLDING	LIF		SELF	051	N	N	HOM
S	A	A	8780533476	HAROLD BOLDING	LIF		SPOUSE	058	N	N	HOM
A		A	8780533477	TAYLOR BOLDING	LIF		CHILD	003	N	N	HOM

UPDATED: USER ID: BARTH DATE: 11/03/06 SYSTEM ID: HMS5000 DATE: 11/03/06
 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+

JEDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/12/06
MEDSPROD PRIMARY INDIVIDUAL ACTION:

ACTION:

HH NAME: BOLDING TERRI

HH NUMBER: 101090300 APL STATUS:

ACTION TYPE: MAINTENANCE

APPL EFFECTIVE DATE: 10/31/2006

ACTION DATE: 11/03/06

MAIL IN(Y/N): Y

WORKER: BARTH ~~BETSY CARROLL~~

WORKER'S COUNTY: 47 STATE OFFICE

APPLICANT'S COUNTY: 15 COLLETON
COURTESY APPLICATION(Y/N): N
MAILING ADDRESS:
863 WHITES AVENUE

PRIMARY LANGUAGE: E ENGLISH

REASON FOR APPLICATION:

COTTAGEVILLE SC 29435-
RESIDENCE ADDRESS:

ADULT WITH CHILDREN(Y/N): Y
CHILDREN 1 AND OVER(Y/N): N
INFANTS UNDER AGE 1(Y/N): N
PREGNANT(Y/N): N

BLIND/DISABLED(Y/N): N

AGED(Y/N): N

LIMITED DATA COLLECTION: 00 NONE

FIRST SIGNATURE OBTAINED(Y/N): Y

WITHDRAW APPLICATION(W/C/N): N

PHONE: H: 843-835-3803 W: 843-909-0407 DATE: 11/03/06 SYSTEM ID: HMS5000 DATE: 11/03/06
UPDATED: USER ID: BARTH
ME900049 HOUSEHOLD RECORD FOUND

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

 **Betsy Carroll**

Bureau:	Bureau of Eligibility Processing
Department/County:	
Division/Location:	Central Eligibility Processing
eMail:	CarrollB@scdhhs.gov
Answer Station or Phone Number:	(803) 898-2997
Direct Dial or Phone Number:	(803) 898-3010
Fax:	
Other Phone:	
Room Number:	J217-A
Manager:	

From: Betsy Carroll
To: Robert G Liming
Date: 12/15/2006 3:16 PM
Subject: Fwd: Re: Stats on Appeal Request for Ms. Terri Bolding SS # 237-02-8296

It will be sent up to appeals today. I just received the actual written request today in my mailbox. But, it will be sent today.

Thanks!
Betsy Carroll

>>> Robert G Liming 12/15/2006 12:57 PM >>>
Just wondering if this one has gone to appeal for a hearing date? I need to complete my letter to Senator Graham explaining where it stands. Thanks

>>> Robert G Liming 12/13/2006 8:49 AM >>>

>>> Robert G Liming 12/13/2006 8:37 AM >>>
Great, thanks for the update. Please let me know as soon as the request has been sent to appeals. I am drafting a response to the Senator and I will simply say that Ms. Bolding has requested an appeal of the decision and that as soon as a date and location has been set she will be notified.

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Robert G. Liming
Special Project Manager, Office of Constituent Services
South Carolina Department of Health and Human Services
Room 310
1801 Main Street
P.O. Box 8206
Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: limingr@scdhhs.gov

Website: www.scdhhs.gov