

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>7-26-07</i>
---------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <b>000048</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <b>8-6-07</b>	<input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>X Prepare for Alicia's Signature</i> <i>Blaine D 8/2/07 Better attached.</i>		<input type="checkbox"/> FOIA DATE DUE _____	

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

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES**

**Constituent Services**

P. O. Box 1520

Columbia, SC 29202-1520

Voice: (803) 898-7368 Fax: (803) 898-7222

**RECEIVED**

JUL 26 2007

**ELIGIBILITY POLICY  
& OVERSIGHT**

**Memorandum**

**TO:** Mr. Mark Orf

**FROM:** Lenora Bush Reese *WBR*

**SUBJECT:** Medicaid Application for Kristen Hart

**DATE:** July 25, 2007

**RECEIVED**

JUL 26 2007

**Department of Health & Human Services  
OFFICE OF THE DIRECTOR**

Mark,

As promised, I am forwarding the constituent services inquiry from the office of Senator Hugh Leatherman for your response/ whatever action you deem necessary. Thanks for your help.

# DSS

*Serving Children and Families*

KATHLEEN M. HAYES, PH.D.  
STATE DIRECTOR

MARK SANFORD  
GOVERNOR

July 20, 2007

The Honorable Hugh K. Leatherman  
South Carolina Senate  
111 Gressette Senate Office Building  
Columbia, South Carolina 29202

Dear Senator Leatherman:

I received your letter of July 10, 2007 along with the information from Ms. Kristen Hart regarding her application for Medicaid. Because the Medicaid program is administered by the Department of Health and Human Services (DHHS), I have forwarded your letter along with all of the accompanying documents to Mr. Mark Orf, at DHHS. He has agreed to assist Ms. Hart in getting her application processed.

Thank you for allowing me to assist you in responding to Ms. Hart's inquiry.

Sincerely,



Kathleen M. Hayes, Ph.D.  
State Director

KMH/ wr



**HUGH K. LEATHERMAN, SR.**

SOUTH CAROLINA STATE SENATE  
DISTRICT 31, FLORENCE  
AND DARLINGTON COUNTIES

111 GRESSETTE SENATE OFFICE BUILDING  
COLUMBIA, SOUTH CAROLINA 29202  
(803) 212-6640

July 10, 2007

FLORENCE ADDRESS  
1817 Pineland Avenue  
Florence, South Carolina 29501  
(843) 667-1152

COMMITTEES  
Chairman, Finance  
Chairman, Operations and Management  
Ethics

Interstate Cooperation  
Labor, Commerce and Industry  
Rules  
State House  
Transportation

Kathleen Hayes, Ph.D., State Director  
South Carolina Department of Social Services  
1535 Confederate Avenue Extension  
North Towers Building  
Columbia, South Carolina 29201

Dear Ms. Hayes:

I am enclosing herewith a copy of a letter, with attachments, that I received this morning from my constituent, Kristen Hart, relative to her application for Medicaid coverage for herself and her three children. As you can see, Ms. Hart submitted her original application six months ago and has been asked time and time again to refile the same information and documentation.

Dr. Hayes, I would very much appreciate it if you could ask your staff to look into this matter and do everything possible to expedite Ms. Hart's request for Medicaid coverage.

Thank you for your assistance in this matter.

Very truly yours,

Hugh K. Leatherman, Sr.  
HKL:dsm

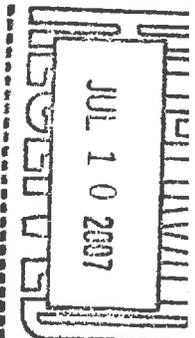
Enclosures  
cc: Ms. Kristen Hart

6-HA/1

2007 JUL 10 10 30 AM  
SOUTH CAROLINA STATE SENATE

65:1 HD 91 TNP LO

RECEIVED



July 7<sup>th</sup>, 2007

Kristen Hart  
1501 Olanta Hwy  
Effingham, SC 29541

Senator Hugh Leatherman  
P.O. Box 142  
Columbia, SC 29202

Dear Senator Leatherman,

My name is Kristen Hart. I am writing you in regards to a Medicaid application I opened for myself and my children in January of this year, 2007. I have provided all information and have complied with all requests made by my local DSS office in applying for Medicaid and my children still haven't been approved for Medicaid when I know they should be. I began my application in January and it is now July. I cringe to think I might not have been able to get my children the care they are entitled to if they had become sick or been injured.

After I filled out my initial Medicaid application I received a letter asking me to bring in birth certificates, social security numbers, proof of residence and expenses, etc. to the office. I discovered I had been assigned a case worker, Myrtle Cooper, at the Lake City DSS office. I never go to Lake City. When I called my worker and told her I wasn't familiar with the city she assured me I could take my information to the Florence Office.

I took all requested information to the Florence office. I also took my 1099 from last year, as I am self-employed. My husband and I are separated and when I began the application process he had not sent any money for several months. The DSS office requested that I fill out a form on him and I did so. I also filled out forms assuring the office that my three small children are really mine, since they have no school ID's to "prove" they belong to me.

After I took all this information to the office I was informed my case worker had received none of it. I took all the information up to the Florence office a second time, and re-filled out all the paperwork.

I was notified yet again that my case worker had not received the information. I took everything up to the Florence office a third time.

A few weeks after taking my documentation up to the office the third time I received a letter that my Medicaid application had been denied. The letter stated I had not provided proof of income and/or all documentation required. It also informed me I had the right to a fair hearing.

I immediately sat down and wrote to my case worker, requesting my fair hearing. My worker called me within a week or so and told me that she would just resend the application for me to fill out, and that we would start over fresh.

I received the new application in the mail and filled out the pages and pages of information I had already filled out.

At this time my husband and I had reached a mediated agreement about our separation. I have full custody of my children and he pays \$200.00 in child support every two weeks. I waited to send my new Medicaid application in to my worker so I could enclose copies of the mediation agreement signed by the court judge.

I also made copies of my 1099 again as well as copies of my 2006 income tax return. I enclosed these copies and the copies of my mediation agreement with the full Medicaid application.

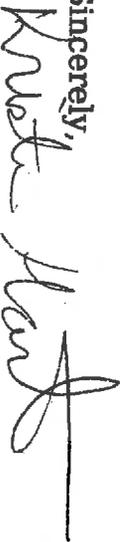
Shortly after mailing all of this information in I received another letter. This letter stated that my application was incomplete and I needed to take all of mine and my children's birth certificates, social security cards, etc. up to the office again. I was also told I needed to fill out a form on my husband again.

I feel like I have done everything the office requested of me and beyond. I have given the requested information multiple times. I have filled out the extensive applications twice. I have provided court and government documentation proving my statements about my income and my child custody and child support situation.

Senator Leatherman, at this point I would like your assistance in working with the Florence DSS office. As I said, I feel I have done everything the office requested and more. I have complied with every request. I have been polite and professional in all my interactions with them. Yet my children still have no children's Medicaid coverage. I am building my own business and hope that soon I will be able to provide their health insurance. However, right now knowing that Medicaid is there for them would bring me great peace of mind and could literally save their lives.

I thank you so much for your time and any assistance you are able to provide to me and my children.

Sincerely,



Kristen Hart

enclosures:

letter to caseworker included with second application

tax return

court mediation documentation proving child support amount

Copies of all Birth Certificates and SS cards

5/30/2007

Kristen Hart  
1501 Olanta Hwy  
Effingham, SC 29541

Myrtle Cooper  
Medicaid Eligibility Caseworker  
Florence County  
345 S. Ron McNair Blvd.  
Lake City, SC 29560

Ms. Cooper,

Enclosed is my newly filled out Medicaid application. I am also enclosing a copy of my 2006 income tax return since I am self-employed. In addition I am enclosing a copy of the court document stating that my husband pays \$200.00 in child support every two weeks.

I have already sent multiple copies of my and my children's birth certificates and social security cards and so I'm hoping I don't need to bring those in again. If I do, however, please let me know and I will take them to the Florence office to have copies made again.

I am a sole proprietor and I own two profit-producing websites. [www.naturalbirthandbabycare.com](http://www.naturalbirthandbabycare.com) and [www.getting-pregnant.com](http://www.getting-pregnant.com) belong to me. I make advertising and product recommendation revenue. I have also started doing some freelance web design for income and have my first client.

I think you for your patience and assistance in this. I hope soon Medicaid will not be required by my family but as of right now I need the assurance that I can get my children health care should they need it.

I look forward to hearing back on my application.

Sincerely,

Kristen Hart

Form 1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 2006

(99)

IRS Use Only - Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2006, or other tax year beginning

2006, ending

20

OMB No. 1545-0074

Label (See instructions.)

Your first name MI Last name

Your social security number

Curtis O Hart

247-73-2501

If a joint return, spouse's first name MI Last name

Spouse's social security number

Kristen S Hart

259-57-3469

Use the IRS label. Otherwise, please print or type.

Home address (number and street). If you have a P.O. box, see instructions.

Apartment no.

You must enter your social security number(s) above.

1501 Olanta Highway

City, town or post office. If you have a foreign address, see instructions.

State ZIP code

Checking a box below will not change your tax or refund.

Effingham

SC 29541

Check here if you or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)

You  You  Spouse

Filing Status

Check only one box.

- 1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above & full name here

- 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b

6b Spouse

No. of children on 6c who:

c Dependents:

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) If qualifying child for child tax credit (see instrs)

lived with you
did not live with you due to divorce or separation (see instrs)

(1) First name Last name
Cassidy I Hart
Asher P Hart
Brennan P Hart

654-12-9594
655-16-0606
654-22-7732

Daughter
Son
Son

X
X
X

3
3
3

d Total number of exemptions claimed

Add numbers on lines above

Income

Attach Form(s) W-2 here. Also attach Forms W-2c and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 7-22 for income and deductions, and lines 23-37 for adjustments.

**Tax and Credits**

38 Amount from line 37 (adjusted gross income) ..... 723.

39a Check  You were born before January 2, 1942,  Blind. Total boxes checked **▶** 39a   Spouse was born before January 2, 1942,  Blind. checked **▶** 39b

40 **Standard Deduction**  
 • People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.  
 • All others:  
 Single or Married filing separately, \$5,150  
 Married filing jointly or Qualifying widow(er), \$10,300  
 Head of household, \$7,550

41 **40** Standard deduction (from Schedule A) or your standard deduction (see left margin) ..... 10,300.  
 41 Subtract line 40 from line 38 ..... -9,577.  
 42 If line 38 is over \$12,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d ..... 16,500.  
 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- ..... 0.  
 44 Tax (see insts.). Check if any tax is from: a  Form(s) 9814 b  Form 4972 ..... 0.  
 45 **Alternative minimum tax** (see instructions). Attach Form 6251 ..... 0.  
 46 Add lines 44 and 45 ..... 0.  
 47 Foreign tax credit. Attach Form 1116 if required ..... 47  
 48 Credit for child and dependent care expenses. Attach Form 2441 ..... 48  
 49 Credit for the elderly or the disabled. Attach Schedule R ..... 49  
 50 Education credits. Attach Form 8863 ..... 50  
 51 Retirement savings contributions credit. Attach Form 8880 ..... 51  
 52 Residential energy credits. Attach Form 5695 ..... 52  
 53 Child tax credit (see instructions). Attach Form 8801 if required ..... 53  
 54 Other credits: a  Form 8396 b  Form 8839 c  Form 8839 ..... 54  
 55 Other credits. Check applicable box(es): a  Form 3800 b  Form 8801 c  Form 8801 ..... 55

**Other Taxes**

56 Add lines 47 through 55. These are your total credits ..... 0.  
 57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ..... 0.  
 58 Self-employment tax. Attach Schedule SE ..... 58  
 59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 ..... 59  
 60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required ..... 60  
 61 Advance earned income credit payments from Form(s) W-2, box 9 ..... 61  
 62 Household employment taxes. Attach Schedule H ..... 62  
 63 Add lines 57-62. This is your total tax ..... 110.

**Payments**

64 Federal income tax withheld from Forms W-2 and 1099 ..... 64  
 65 2005 estimated tax payments and amount applied from 2005 return ..... 65  
 66 a **Earned income credit (EIC)** ..... 66a  
 b Nonrefundable combat pay election ..... 66b  
 67 Excess social security and tier 1 RRTA tax withheld (see instructions) ..... 67  
 68 Additional child tax credit. Attach Form 8812 ..... 68  
 69 Amount paid with request for extension to file (see instructions) ..... 69  
 70 Payments from: a  Form 2439 b  Form 4136 c  Form 8885 ..... 70  
 71 Credit for federal telephone excise tax paid. Attach Form 8913 if required ..... 71  
 72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments ..... 72

**Refund**

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid ..... 72  
 73 Amount of line 73 you want refunded to you. If Form 8888 is attached, check here **▶** 73a ..... 240.  
 ▶ b Routing number ..... XXXXXXXXXXXX ▶ c Type:  Checking  Savings  
 ▶ d Account number ..... XXXXXXXXXXXXXXXXXXXX  
 75 Amount of line 73 you want applied to your 2007 estimated tax ..... 75  
 76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions ..... 76  
 77 Estimated tax penalty (see instructions) ..... 77

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? .....  Yes. Complete the following.  No

Designee's name .....  
 no. ....  
 Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature ..... Date ..... Your occupation .....  
 Spouse's signature, if a joint return, both must sign. Date ..... Law Enforcement  
 Homemaker

**Paid Preparer's Use Only**

Preparer's name (on Form 1040-SS) .....  
 Signature .....  
 Date .....  
 Firm's name (or yours if self-employed) .....  
 address, and ZIP code .....  
 Self-Prepared .....  
 EIN .....  
 Phone no. ....  
 Check if self-employed  Preparer's SSN or PTIN

**SCHEDULE C**  
(Form 1040)

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2006**

Department of the Treasury Internal Revenue Service (99) **Partnerships, joint ventures, etc.**, must file Form 1065 or 1065-B. **Attach to Form 1040, 1040NR, or 1041.** See instructions for Schedule C (Form 1040).

Attachment Sequence No. **09**

Name of proprietor

**Kristen S Hart**

Social security number (SSN)

**259-57-3469**

**A Principal business or profession, including product or service (see instructions)**

**Service: Surveys**

**B Enter code from instructions**

**51910**

**C Business name, if no separate business name, leave blank.**

**Survey Service**

**D Employer ID number (EIN), if any**

**E Business address (including suite or room no.), city, town or post office, state, and ZIP code**  
**1501 Olanta Hwy., Effingham, SC 29541**

**F Accounting method:** (1)  Cash (2)  Accrual (3)  Other (specify) **Cash/Accrual**

**G Did you 'materially participate' in the operation of this business during 2006? If 'No,' see instructions for limit on losses.**  Yes  No

**H If you started or acquired this business during 2006, check here.**  Yes  No

**Income**

<b>1</b> Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here. <input type="checkbox"/>	<b>1</b>	<b>778.</b>
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	<b>778.</b>
<b>4</b> Cost of goods sold (from line 42 on page 2)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	<b>778.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	<b>778.</b>

**Expenses.** Enter expenses for business use of your home only on line 30.

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment	<b>24b</b>	
<b>17</b> Legal & professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	<b>28</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit (loss). Subtract line 28 from line 7	<b>29</b>	<b>778.</b>	<b>27</b> Other expenses (from line 48 on page 2)	<b>27</b>	
<b>30</b> Expenses for business use of your home. Attach Form 8829	<b>30</b>				
<b>31</b> Net profit or (loss). Subtract line 30 from line 29	<b>31</b>	<b>778.</b>			

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32.

All investment is  at risk.  Some investment is not at risk.

**BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.** Schedule C (Form 1040) 2006



**SCHEDULE SE**  
**(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2006**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040. ▶ See instructions for Schedule SE (Form 1040).

Attachment  
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)

Kristen S Hart

Social security number of person  
with self-employment income ▶

259-57-3469

**Who Must File Schedule SE**

You must file Schedule SE if:

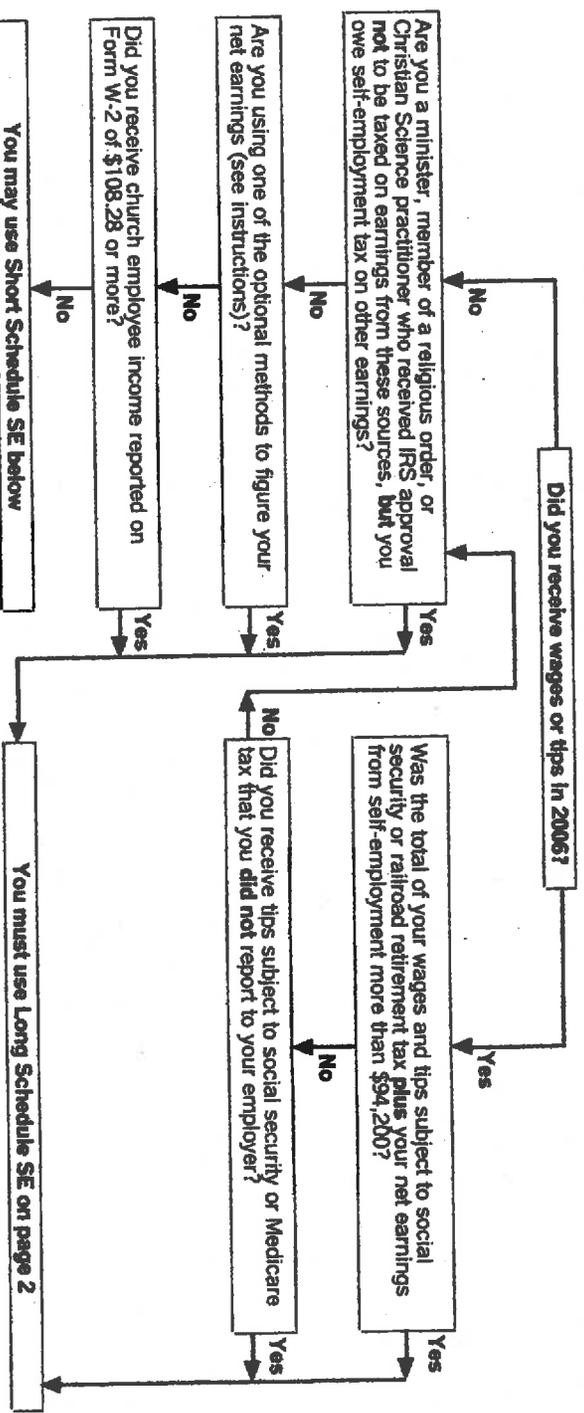
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see instructions).

**Note.** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 58.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



**Section A -- Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A.....	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	778.
3	Combine lines 1 and 2.....	3	778.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax.....	4	718.
5	Self-employment tax. If the amount on line 4 is: • \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. • More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on Form 1040, line 58.	5	110.

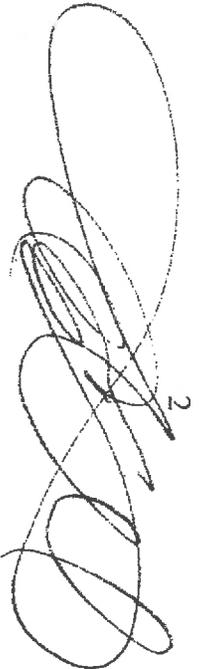
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27..... 55. Schedule SE (Form 1040) 2006

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.



AGREEMENT

1. Child Custody: The Plaintiff shall have sole custody of the minor children during the pendency of this action.
2. Visitation: The Defendant shall have visitation with the minor children, as the parties may agree.
3. Child Support. The parties agree that the Defendant shall continue to pay \$200.00 every two weeks as child support. This payment shall be made directly to the Plaintiff. If the Defendant is more than five days late with a child support payment, the Plaintiff may submit the appropriate affidavit to the Clerk of Court for Florence County, and all future payments will be made through the clerk's office, with the administrative fee added thereto.
4. Health Insurance. The Plaintiff is currently applying for Medicaid for the minor children. Until such time as that application is ruled upon, the parties shall equally divide all medical, dental and related bills for the minor children on a fifty-fifty basis. The Defendant shall have the option at his 90 day review with his employer to provide health insurance. If he passes his review, he shall provide insurance on the minor children and provide Plaintiff with verification of coverage. All uncovered medical expenses for the minor children shall be equally divided between Plaintiff and Defendant.
5. Alimony. The parties agree that the Plaintiff's request for alimony shall be held in abeyance.
6. Marital Debts. The Defendant shall be responsible for \$50.00 monthly toward the marital debt owed to Scott Burgess. He shall make that payment directly to Plaintiff by the 15<sup>th</sup> of each month.



2

7. Restraining Provisions - Assets and Debts. The parties agree that they shall be mutually restrained and enjoined from disposing, secreting, selling, destroying or giving away any part of the assets of the parties during the pendency of this action or from incurring any additional debt chargeable to the other or the marital estate.

8. Discovery. The parties shall be entitled to engage in reasonable discovery as provided by the South Carolina Rules of Civil Procedure and the South Carolina Rules of Family Court.

9. Attorneys Fees. Each party shall resume responsibility for their respective attorneys fees.

I have reviewed the parties' agreement and find it is appropriate. I find the parties' agreement should become the Order of this Court.

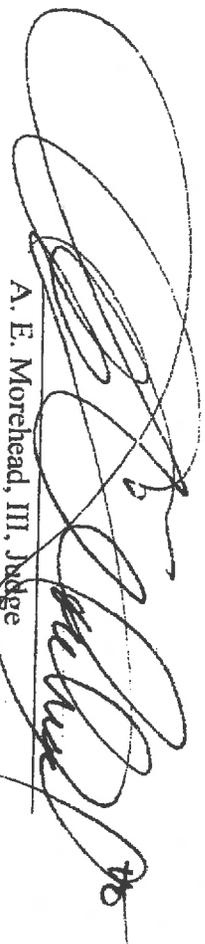
NOW, THEREFORE,

IT IS ORDERED that the relief, set forth above, by agreement, is incorporated and merged herein as the Order of this Court, in each and every particular, during the pendency of this action, without prejudice to the parties.

AND IT IS SO ORDERED.

Florence, South Carolina

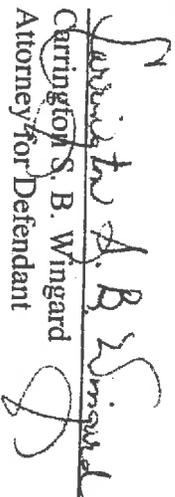
April 30, 2007



A. E. Morehead, III, Judge  
Family Court, Twelfth Judicial Circuit

WE CONSENT:

  
Cely Anne Baker Brigma  
Attorney for Plaintiff

  
Carrington S. B. Wingard  
Attorney for Defendant

07-DR-21-533  
Kristen Hart  
v.  
Curtis Hart

**SOCIAL SECURITY**

THIS NUMBER HAS BEEN PRINTED FOR

**KRISTEN SCHUMACHER HART**

SIGNATURE

*Kristen Schumacher Hart*

82-013558

**STATE OF GEORGIA - CERTIFICATE OF LIVE BIRTH**

**KRISTEN MARIE SCHUMACHER** FEMALE MARCH 1, 1982 2647 P

Single Augusta

University Richmond

Patricia Diane Maddox 2a October 15, 1957 Georgia

Georgia Columbia Martinez 3725 Pine Ridge Run 30907

John Napier Schumacher 26 May 23, 1955 Georgia

*Kristen Schumacher* mother

*Kendall White* March 1, 1982

*Ronald White* 020 St. Sebastian Way Augusta Georgia 30902

*May E. Hargis Dep.* MARCH 4, 1982

STATE COPY

Please Note

This copy will  
darken when exposed  
to excessive heat  
or light.

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources. This certified copy is issued under the authority of Chapter 31-10, Vital Records Code of Georgia.

*Michael R. Lawrie*  
State Vital Records  
Registrar and Custodian  
Director, Vital Records  
Service

Issued by *K. Doran*  
Date Issued 4/29/87  
(Valid without original signature and impressed seal)

**SOUTH CAROLINA**

DEPARTMENT OF PUBLIC SAFETY  
DRIVER'S LICENSE

UNDER 21 UNTIL  
03-01-2003

**HART KRISTEN SCHUMACHER**  
1501 OLANTA HWY  
EFFINGHAM SC 295416248

DL#: 007883292  
Expires: 03-01-2006

Class: D Hgt: 5-04 Wgt: 136  
Sex: F DOB: 03-01-1982  
Issued: 02-25-2003 21021 R 4

Restrictions: None

*Kristen Hart*

GOVERNMENT



MAR 14 2003



REQUIRE THE SIGNATURE OF THE REGISTRAR  
 A TRUE COPY OF THIS RECORD ON FILE  
 IN THE DIVISION OF VITAL RECORDS  
 OF THE DEPARTMENT OF HEALTH AND  
 ENVIRONMENTAL CONTROL

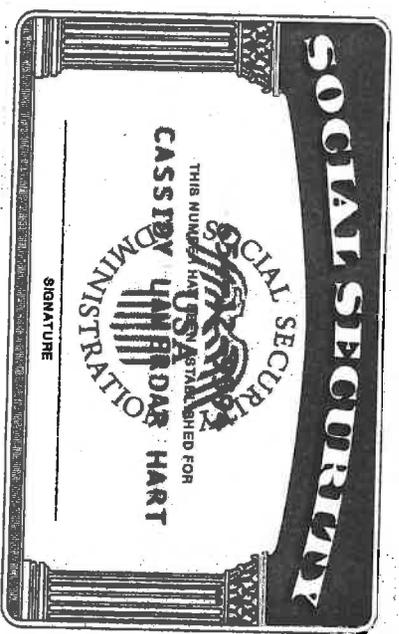
*Thomas P. Hester*  
 REGISTRAR

STATE OF SOUTH CAROLINA  
 DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
 CERTIFICATE OF LIVE BIRTH

1501 049456

1. CHILD'S NAME CASSIDY LAVENDRE		10. DATE BORN Month Day Year DECEMBER 6, 2001	
4. SEX FEMALE		11. ATTENDANT'S NAME AND TITLE (Type/Title) None	
5. CITY, TOWN OR LOCATION OF BIRTH EFFINGHAM		12. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 581 AERIAL LAKE CHESTER, SC 29706	
2. PLACE OF BIRTH <input type="checkbox"/> Hospital <input type="checkbox"/> Child/Born-in-Place <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Free-standing Birth Center		13. DATE FILED BY REGISTRAR (Month, Day, Year) 12-11-2001	
3. FACILITY/NAME (If not indicated, give street and number) 1490 OLANTA HIGHWAY		15. DATE FILED BY REGISTRAR (Month, Day, Year) 12-11-2001	
16. MOTHER'S NAME (Full) KEIOTSEI MAE SHUMACHER		17. DATE OF BIRTH (Month, Day, Year) MARCH 1, 1950	
18. BIRTH PLACE (Street or Roster County) GEORGIA		19. CITY, TOWN, OR LOCATION EFFINGHAM	
19A. STREET AND NUMBER 1490 OLANTA HIGHWAY		19B. ZIP CODE 29541	
21. FATHER'S NAME (Full) CURETIS O'NEAL HART		22. DATE OF BIRTH (Month, Day, Year) FEBRUARY 7, 1977	
23. FATHER'S BIRTH PLACE (Street or Roster County) NORTH CAROLINA		24. FATHER'S BIRTH PLACE (Street or Roster County) NORTH CAROLINA	

24. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.  
 Signature of Parent or Other Informant: *Lisa D. Cassidy*



organization, private organizations  
 you know your number.  
 number must tell you: whether  
 member, and how the number will  
 al Security card will be marked  
 in officials if you use the  
 work, your Social Security card  
 ACTION". If you show this card  
 to show your U.S. immigration  
 or more;  
 n up for Medicare;  
 e 65 or older—to apply for SSI.



TO REMOVE CARD—CAREFULLY SEPARATE FORM

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**  
 Division of Vital Records, Columbia, S. C.  
ANY ALTERATION OR ERASURE Voids THIS CARD

DATE ISSUED	BIRTH NO.
<b>NOV 22 2005</b>	<b>139- 05-044532</b>
NAME <b>* BRENNAN PAUL HART</b>	
BIRTH DATE <b>JUN 21 2005</b>	
BIRTH PLACE—COUNTY <b>FLORENCE</b>	
<b>MALE</b>	
<b>OCT 26 2005</b>	

This is a true certification of name and birth facts recorded in this office.

*C. Earl Hunter*  
 COMMISSIONER AND STATE REGISTRAR

*Murray B. Hudson*  
 DIRECTOR AND ASSISTANT STATE REGISTRAR

DO NOT LAMINATE CARD

### IMPORTANT DOCUMENT

**THIS BIRTH CERTIFICATION CARD IS VALUABLE  
PROTECT IT.**

Note: Please record your birth number and indicate your number on any correspondence directed to the South Carolina Department of Health and Environmental Control.

The birth certification card is an official document issued by the South Carolina Department of Health and Environmental Control as legal proof of the recorded facts of birth.

AMERICAN BANK NOTE COMPANY





State of South Carolina  
Department of Health and Human Services

0048

Mark Sanford  
Governor

Susan B. Bowling  
Acting Director

August 2, 2007

Ms. Kristen Hart  
1501 Olanta Highway  
Effingham, South Carolina 29541

Dear Ms. Hart:

Senator Hugh Leatherman has asked our agency to assist with your concerns regarding your Medicaid application.

As you are aware, your children were approved under Medicaid's Partners for Healthy Children program effective June 1, 2007. Ms. Jennifer Dabbs has been in contact with you regarding the Medical Support Referral form that is required for you to receive Medicaid coverage as well. Ms. Dabbs mailed you this form on July 30, 2007. Please call Ms. Chandra Collington, Florence County Medicaid Supervisor, at (843) 669-3354 if you have any questions about completing this form. Once your eligibility worker receives this form, you will be notified of a decision regarding your eligibility.

I regret any difficulty or misunderstanding you experienced during the Medicaid application process. Good customer service is important to us, and we will take appropriate action as needed.

If you have additional questions or concerns regarding the Medicaid program, please contact Ms. Dabbs at (803) 898-3965, as she will be happy to assist you.

Sincerely,

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

Alicia Jacobs  
Interim Deputy Director

AJ/cod



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

Mark Sanford  
Governor

Susan B. Bowling  
Acting Director

August 2, 2007

Kathleen Hayes, Ph.D., State Director  
South Carolina Department of Social Services  
1535 Confederate Avenue Extension  
North Towers Building  
Columbia, South Carolina 29201

Dear Dr. Hayes:

Thank you for forwarding the correspondence you received from Senator Leatherman's office relating to the Medicaid application for Ms. Kristen Hart. A member of our staff has been in direct contact with Ms. Hart, and we were pleased to address her questions and concerns regarding her Medicaid application.

If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

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

Alicia Jacobs  
Interim Deputy Director

AJ/cod



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

Mark Sanford  
Governor

Susan B. Bowling  
Acting Director

August 2, 2007

The Honorable Hugh Leatherman  
South Carolina Senate  
111 Gressette Senate Office Building  
Columbia, South Carolina 29202

Dear Senator Leatherman:

Our agency received correspondence from Kathleen Hayes, Ph.D., State Director of the Department of Social Services, regarding your request for assistance with Ms. Kristen Hart's Medicaid application.

A member of our staff has been in direct contact with Ms. Hart, and we were pleased to address her questions and concerns regarding her Medicaid application. As you are aware, the Health Insurance Portability and Accountability Act confidentiality requirements preclude us from discussing medical information without the client's written consent. We have enclosed an Authorization to Disclose Health Information form if you would like more information than we are currently able to provide.

We appreciate your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

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

Alicia Jacobs  
Interim Deputy Director

AJ/cod