

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

**ACTION REFERRAL**

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

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

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES**

**Constituent Services**

P. O. Box 1520

Columbia, SC 29202-1520

Voice: (803) 898-7368 Fax: (803) 898-7244

**RECEIVED**

JUL 26 2007

ELIGIBILITY POLICY

& OVERSIGHT

**Memorandum**

**TO:**

Mr. Mark Off

**FROM:**

Lenora Bush Reese

**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.



*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,

A handwritten signature in cursive script that reads "Kathleen M. Hayes".

Kathleen M. Hayes, Ph.D.  
State Director

KMH/ wr



**HUGH K. LEATHERMAN, SR.**

SOUTH CAROLINA STATE SENATE  
DISTRICT 31, FLORENCE  
AND DARLINGTON COUNTIES

**COMMITTEES**  
Chairman, Finance  
Chairman, Operations and Management  
Ethics  
Interstate Cooperation  
Labor, Commerce and Industry  
Rules  
State House  
Transportation

111 GRESSETTE SENATE OFFICE BUILDING  
COLUMBIA, SOUTH CAROLINA 29202

(803) 212-6640

**FLORENCE ADDRESS**

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

July 10, 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 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,

A handwritten signature in dark ink, appearing to read "H. K. Leatherman, Sr.", written over a horizontal line.

Hugh K. Leatherman, Sr.  
HKL:dsm

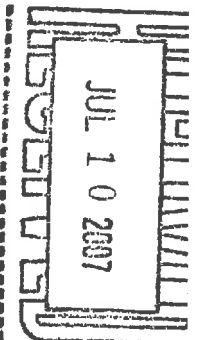
Enclosures  
cc: Ms. Kristen Hart

6-HA/1

2007 JUL 10 5:30 PM  
SOUTH CAROLINA STATE SENATE  
DISTRICT 31, FLORENCE

65:1 HD 91 TNC LO

DEALCEER



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.

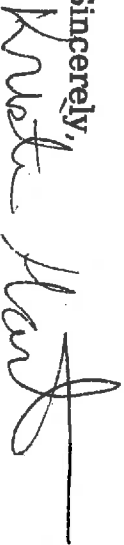
Shortly after mailing all of this information in I received another letter. This letter stated that my application was incomplete and I needed to take all of mine and my children's birth certificates, social security cards, etc. up to the office again. I was also told I needed to fill out a form on my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

A handwritten signature in black ink, appearing to read 'Krist Hart', with a long horizontal flourish extending to the right.

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.

Label  
(See instructions.)

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

Your first name **Curtis** MI Last name **O Hart** Your social security number **247-73-2501**

If a joint return, spouse's first name **Kristen** MI Last name **S Hart** Spouse's social security number **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. **1501 Olanta Highway** Apartment no. \_\_\_\_\_

City, town or post office. If you have a foreign address, see instructions. **Effingham** State **SC** ZIP code **29541**

Presidential  
Election  
CampaignCheck here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) ☐ You ☐ Spouse

## Filing Status

1 ☐ Single 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. ☐ Qualifying widow(er) with dependent child (see instructions)

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above & full name here. ☐ Qualifying widow(er) with dependent child (see instructions)

## Exemptions

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

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs)	(5) <input checked="" type="checkbox"/> If lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instrs)	Dependents on line 6c not entered above	Add numbers on lines above
Cassidy I	Hart	654-12-9594	Daughter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
Asher P	Hart	655-16-0606	Son	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3
Brennan P	Hart	654-22-7732	Son	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5

d Total number of exemptions claimed **5**

If more than four dependents, see instructions.

## 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

23	Archer MSA deduction. Attach Form 8853	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	5.5
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see instructions)	29	
30	Penalty on early withdrawal of savings	30	
31 a	Alimony paid b Recipient's SSN	31 a	
32	IRA deduction (see instructions)	32	
33	Student loan interest deduction (see instructions)	33	
34	Jury duty pay you gave to your employer	34	
35	Domestic production activities deduction. Attach Form 8803	35	
36	Add lines 23 - 31a and 32 - 35	36	5.5
37	Subtract line 36 from line 22. This is your adjusted gross income	37	72.3

**Tax and Credits****Standard Deduction**

for —  
 • 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

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 If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and ck here **39b** ☐

41 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 10,300.

42 Subtract line 40 from line 38 41 -9,577.

43 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 42 16,500.

44 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0.

44 Tax (see instructions). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 44 0.

45 Alternative minimum tax (see instructions). Attach Form 6251 45 0.

46 Add lines 44 and 45 46 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 0.

54 Credits from: a ☐ Form 8336 b ☐ Form 8839 c ☐ Form 8839 54

55 Other credits. Check applicable box(es): a ☐ Form 3800 b ☐ Form 8801 c ☐ Form 8801 55

56 Add lines 47 through 55. These are your total credits 56 0.

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 57 0.

58 Self-employment tax. Attach Schedule SE 58 110.

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 63 110.

64 Federal income tax withheld from Forms W-2 and 1099 64

65 2005 estimated tax payments and amount applied from 2005 return 65

66a Earned income credit (EIC) 66a 290.

b Nonrefundable combat pay election **66b** 67

67 Excess social security and tier 1 RRTA tax withheld (see instructions) 67

68 Additional child tax credit. Attach Form 8812 68 0.

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 60.

72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments 72 350.

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 73 240.

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐ 74a 240.

b Routing number XXXXXXXXXX c Type: ☐ Checking ☐ Savings

d Account number XXXXXXXXXXXXXXXXXXXX 75

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 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

Personal identification number (PIN) ☒

**Sign Here****Joint return?****See instructions.****Keep a copy for your records.**

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 **Law Enforcement** Daytime phone number **(843) 413-1890**

Spouse's signature, if a joint return, both must sign: \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation **Homemaker** Preparer's SSN or PTIN \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed ☐ Preparer's SSN or PTIN \_\_\_\_\_

**Self-Prepared**

Firm's name (or yours if self-employed) \_\_\_\_\_ EIN \_\_\_\_\_

Address, and ZIP code \_\_\_\_\_ Phone no. \_\_\_\_\_

**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.**

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

**Survey Service**

**E Business address (including suite or room no.), 1501 Olanta Hwy., Effingham, SC 29541**  
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>

**Part II 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>27</b> Other expenses (from line 48 on page 2)	<b>27</b>	

<b>29</b> Tentative profit (loss). Subtract line 28 from line 7	<b>29</b>	<b>778.</b>
<b>30</b> Expenses for business use of your home. Attach Form 8829	<b>30</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.	<b>31</b>	

• If a profit, enter 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.

**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 you checked 32b, you must attach Form 6198. Your loss may be limited.

**32a** ☐ All investment is at risk.

**32b** ☐ Some investment is not at risk.

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

Schedule C (Form 1040) 2006

**Cost of Goods Sold (see instructions)**

**33** Method(s) used to value closing inventory:    **a** ☐ Cost    **b** ☐ Lower of cost or market    **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If 'Yes,' attach explanation .....

☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
--	----

36	Purchases less cost of items withdrawn for personal use .....	36
----	---	----

37	Cost of labor. Do not include any amounts paid to yourself .....	37
----	--	----

38	Materials and supplies .....	38
----	------------------------------	----

39 Other costs .....	39
----------------------	----

40 Add lines 35 through 39 .....	40
----------------------------------	----

41 Inventory at end of year	41
-----------------------------	----

<b>A2</b>	<b>Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4</b>	<b>A2</b>
-----------	---	-----------

**Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year)  \_\_\_\_\_

**44** Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for:

**a Business** \_\_\_\_\_

**b Commuting (see instructions)** \_\_\_\_\_

**c Other** \_\_\_\_\_

45 Do you (or your spouse) have another vehicle available for personal use? ..... ☐ Yes ☐ No

46 Was your vehicle available for personal use during off-duty hours? ..... ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ..... ☐ Yes ☐ No

b If 'Yes,' is the evidence written? ..... ☐ Yes ☐ No

**Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

48	Total other expenses. Enter here and on page 1, line 27	48
----	---	----

**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:

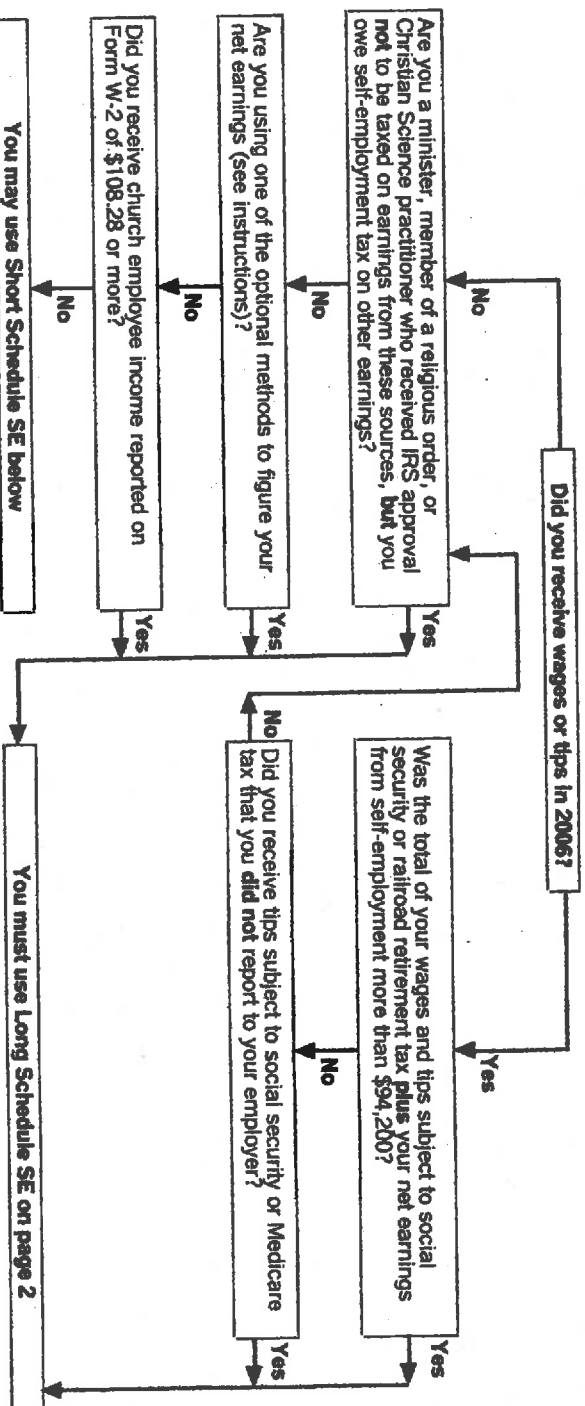
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order 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 .....	6	

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

Schedule SE (Form 1040) 2006

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF FLORENCE )

IN THE FAMILY COURT OF THE  
TWELFTH JUDICIAL CIRCUIT  
07-DR-21-533

Kristen Hart,

Plaintiff,

vs.

Curtis Hart,

Defendant.

DATE OF HEARING:  
HEARING JUDGE:  
ATTORNEY FOR PLAINTIFF:  
ATTORNEY FOR DEFENDANT:  
COURT REPORTER:

April 30, 2007  
A. E. Morehead, III  
Cely Anne Baker Brigrman  
Carrington S. B. Wingard  
Not Applicable

This matter was before the Court on the Plaintiff's Notice of Motion and Motion for

Temporary Relief, filed March 14, 2007, with her Summons and Complaint. The Defendant was served with the pleadings on March 22, 2007. Prior to the hearing, the parties advised the Court that they had reached an agreement as to all of the issues which are the subject of the Plaintiff's Motion for Temporary Relief. The parties' agreement is set forth below.

For purposes of this hearing, I find this Court has jurisdiction as to the parties and subject matter and that venue is proper. The parties are husband and wife, having been married on May 19, 2001. Three children have been born of the parties' marriage, to wit: Cassidy Lavender Hart, born December 5, 2001, Asher Patrick Hart, born June 28, 2003, and Brennan Paul Hart, born June 21, 2005.

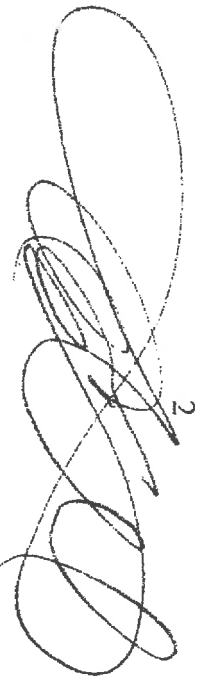
The parties' agreement related to temporary relief is as follows:

1

2007 MAY - 7 PM 3:33  
FILED  
CLERK OF COURT, 12th JUDICIAL CIRCUIT  
FLORENCE COUNTY, S.C.  
CERTIFIED A TRUE COPY  
C. E. Morehead, III  
CLERK OF COURT

### 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.

A handwritten signature in black ink, appearing to be 'Scott Burgess', with a small number '2' written above it.

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

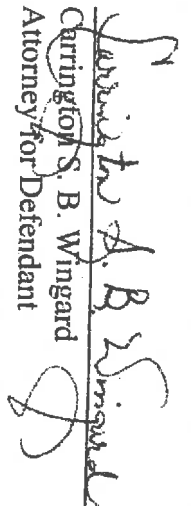
April 30, 2007

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



WE CONSENT:

  
Cely Anne Baker Brignani  
Attorney for Plaintiff

  
Carington S. B. Wingard  
Attorney for Defendant

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

**SOCIAL SECURITY**

THIS NUMBER HAS BEEN ASSIGNED FOR

**KRISTEN SCHUMACHER HART**

*Kristen Schumacher Hart*  
SIGNATURE

**SOUTH CAROLINA**  
DEPARTMENT OF PUBLIC SAFETY  
DRIVER'S LICENSE

**HART, KRISTEN SCHUMACHER**  
1501 OLANTA HWY  
EFFINGHAM SC 295416240

**DL#: 007883292**  
Expires: 03-01-2006

**Class: D** Hgt: 5-04 Wgt: 120  
**Sex: F** DOB: 03-01-1982  
Issued: 02-25-2003 21021 R 4

Restrictions: None

*Krist Hart*



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

Birth No. **82-013558**

**KRISTEN HART SCHUMACHER** **Female** **MARCH 1, 1982** **2:47 P**

**Single** **Augusta**

**University** **Richmond**

**Patricia Diane Maddox** **24** **October 15, 1957** **Georgia**

**Georgia** **Columbia** **Martinez** **3725 Pine Ridge Run**

**30907**

**John Napier Schumacher** **26** **May 23, 1955** **Georgia**

**mother**

**March 1, 1982**

**320 St. Sebastian Way Augusta, Georgia 30902**

**May 8, 1982**

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)

MAR 17 2003



REQUIRE THE MAGNETIC SIGNATURE  
UNIT - LENS LIGHT FOR VERIFICATION

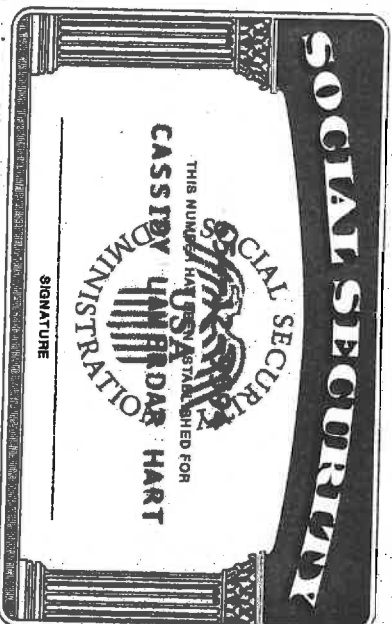
A TRUE COPY OF THIS RECORD ON FILE  
IN THE DIVISION OF VITAL RECORDS  
OF THE DEPARTMENT OF HEALTH AND  
ENVIRONMENTAL CONTROL

*Thomas B. Anderson* - SPS  
ASSISTANT STATE REGISTRAR

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

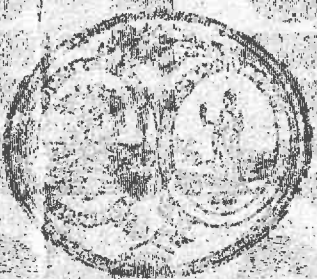
1501 049456

1. CHILD'S NAME CASSIDY LAVENDER		2. DATE OF BIRTH December 5, 2001		3. TIME OF BIRTH 12:59 PM	
4. SEX FEMALE		5. CITY, TOWN OR LOCATION OF BIRTH EFFINGHAM		6. COUNTY OF BIRTH FLORENCE	
7. PLACE OF BIRTH <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Residence		8. PRESENTING BIRTH CENTER 1490 ATLANTA HIGHWAY		9. ATTENDANT'S NAME AND TITLE (If you wish, you may list the name of the person who was with you at the time of birth)	
10. DATE BORN Month, Day, Year December 5, 2001		11. ATTENDANT'S NAME AND TITLE (If you wish, you may list the name of the person who was with you at the time of birth)		12. CERTIFYING NAME AND TITLE (If you wish, you may list the name of the person who was with you at the time of birth)	
Name Caroline J. - 7th		Name Caroline J. - 7th		Name Caroline J. - 7th	
13. CERTIFYING NAME AND TITLE (If you wish, you may list the name of the person who was with you at the time of birth)		14. REGISTERED SIGNATURE Linda B. - 7th		15. DATE FILED BY REGISTRAR (Month, Day, Year) 12-11-2001	
16. MOTHER'S NAME Kerstin Marie Shumacher		17. DATE OF BIRTH (Month, Day, Year) March 1, 1950		18. CITY, TOWN OR LOCATION EFFINGHAM	
19. STREET AND ADDRESS 1490 ATLANTA HIGHWAY		20. ZIP CODE 29541		21. MOTHER'S MARITAL ADDRESS (If different than residence) 1490 ATLANTA HIGHWAY	
22. STATE OF BIRTH (Month, Day, Year) February 7, 1977		23. MOTHER'S MARITAL ADDRESS (If different than residence) 1490 ATLANTA HIGHWAY		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 Linda B. - 7th	



organization, private organizations  
they know your number.  
number must tell you: whether  
number, 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  
it or more;  
n up for Medicare;  
e 65 or older—to apply for SSI.



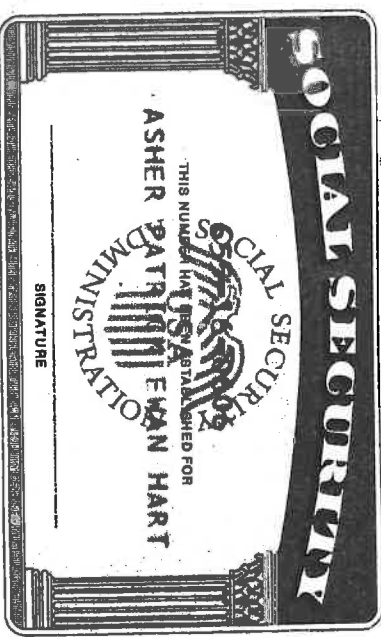


STATE OF SOUTH CAROLINA  
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
DIVISION OF BIRTH AND ENVIRONMENTAL CONTROL

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

1. CHILD'S NAME First <b>ASHER</b> Middle <b>PATRICK EMMAN</b> Last <b>HART</b>		2. DATE OF BIRTH (Month, Day, Year) <b>JUNE 28, 2003</b>		3. TIME OF BIRTH <b>9:20 A.M.</b>	
4. SEX <b>MALE</b>		5. CITY, TOWN, OR LOCATION OF BIRTH <b>EFFINGHAM</b>		6. COUNTY OF BIRTH <b>FLORENCE</b>	
7. PLACE OF BIRTH: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Free-standing Birthing Center		8. FACILITY NAME (if not residence, give street and number) <b>1501 OLANTA HWY</b>			
9. If facility that has solid wall birth site at the place and time and on the date stated: Signature <i>Carol West</i> <b>JUNE 29, 2003</b>		10. DATE SIGNED (Month, Day, Year)			
11. BIRTHER'S NAME AND TITLE (Print/Type) Name <b>CRABTREE LOSE FRANK</b>		12. ATTENDING NAME AND TITLE (Print/Type) Name <b>MD</b> <input type="checkbox"/> <b>CNM</b> <input type="checkbox"/> Other (Specify) _____			
13. Other (Specify) <b>LICENSED MIDWIFE</b>		14. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, Day, Temp, Day, Day, Day) <b>531 KAT LANE CHESTER, SC 29706</b>			
15. REGISTRAR'S SIGNATURE <i>John R. Lee</i>		16. DATE FILED BY REGISTRAR (Month, Day, Year) <b>07/16/03</b>			
17. MOTHER'S NAME First <b>KRISTEN</b> Middle <b>MARIE</b> Last <b>HART</b>		18. MOTHER'S SURNAME <b>SHUMACHER</b>		19. DATE OF BIRTH (Month, Day, Year) <b>MARCH 1, 1982</b>	
20. BIRTHPLACE (State or Foreign Country) <b>GEORGIA</b>		21. RESIDENCE - STATE <b>SC</b>		22. COUNTY <b>FLORENCE</b>	
23. STREET AND NUMBER <b>1501 OLANTA HWY</b>		24. ZIP CODE <b>29511</b>		25. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
26. FATHER'S NAME First <b>CURTIS</b> Middle <b>O'NEAL</b> Last <b>HART</b>		27. DATE OF BIRTH (Month, Day, Year) <b>FEBRUARY 7, 1977</b>		28. BIRTHPLACE (State or Foreign Country) <b>NORTH CAROLINA</b>	

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 Authorized Person *Kristen Marie Shumacher Hart*



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.
NOV 22 2005	139- 05-044532
NAME *BRENNAN PAUL HART	
BIRTH DATE JUN 21 2000	
BIRTH PLACE—COUNTY FLORENCE	
OCT 26 2005	

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

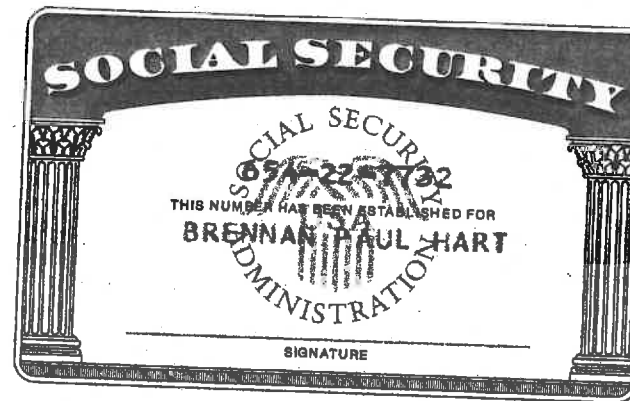
## IMPORTANT DOCUMENT

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

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, reading "Alicia Jacobs".

Alicia Jacobs  
Interim Deputy Director

AJ/cod

0048



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

Mark Sanford  
Governor

August 2, 2007

Susan B. Bowling  
Acting Director

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, reading "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, reading "Alicia Jacobs".

Alicia Jacobs  
Interim Deputy Director

AJ/cod