


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>Jan. 2, 2009</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER J00358	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Shalbeer</i> <i>Cleared 1/15/09, letter attached</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-13-09</i> 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.			

Mr. Robert Smalls #078711
R.C.I.
Post Office Box 2039 / CB 65
Ridgeland, S.C. 29936
December 29, 2008

RECEIVED

I. D. Dir. Alicia Jacobs
State Of S.C.
Department of Health and Human Services
Post Office Box 8206
Columbia, S.C. 29202-8206


JAN - 2 2009
Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Fresh Start Assistance

Dear Dir. Jacobs:

My name is Robert Smalls and I am incarcerated within South Carolina Department of Correctional Institution at Ridgeland. This letter is concerning my Son whom incarcerated at Turbeville Correctional Institution in the town of Turbeville, S.C. His name is Randy Grant #Y308239 and he will be release through maxing out or mandatory release on February 27, 2009. I am requesting of you to provide him with some assistance toward a fresh start. This fresh start application will provides as a help will need toward your assistance. Interim Deputy Director Alicia Jacobs, since Randy will be release to Charleston County, I would like for you to forward his application to Mr. Arnold Collins of the Charleston office. Randy is 20 years old and do not have a complete high school education.

Sincerely,


ROBERT SMALLS

CC:

Mr. Robert Ford
Mr. Lawrence R. "Terry" Gibbons
Rep. Robert L. Brown, Jr.
Rep. Ben L. Good, Jr.
Cory. Henry Edward, Jr.
Cory. James E. Clyburn
Randy Grant

FRESH START APPLICATION

HI!!

SHORT TIMER..

DO YOU HAVE THREE OR FOUR (3-4) MONTHS BEFORE YOU MAXOUT OR MANDATORY RELEASE. I CAN HELP YOU WITH A FRESH START BACK INTO THE WORLD..

I WILL BE HOMELESS: YOUR NAME: _____.

I WILL BE LIVING WITH A FAMILY OR A FRIEND: RANDY GRANT

THEY MAILING ADDRESS OR YOUR FORWARD ADDRESS: 21 WOODLEAF COURT,
CHARLESTON, S.C. 29407

WHAT KIND OF JOB YOU ARE SEEKING OR WHAT KIND OF TRADE OR SKILL DO YOU HAVE? ENROLE INTO SCHOOL TO COMPLETE MY EDUCATION AND ENROLE INTO A TEX. COLLEGE . YOUR RELEASE DATE: FEBUARY 27,2009 .
YOUR SCDC NUMBER: Y308239

I WRITES TO EIGHT (8) ASSISTANCE PROGRAMS AND DEPARTMENTS FOR YOU FOR A FRESH START.

(1)[]HUD & SCSHFDA, (2)[x]HEALTH AND HUMAN SERVICE FOR INSURANCE,(3)[x]ALSTON WILKES SOCIETY.(4)[x]DEPT. OF SOCIAL SERVICES EBT-food stamps), (5)[x]EDUCATION TO ENROLE INTO SCHOOL,(6)[x]DEPT. OF VOCATIONAL REHABILITATION,(7)[x]SSI ASSISTANCE SUPPORT,(8)[x]SMALL DISAVANTAGED BUSINESS (WHEN YOU SHOW ME YOU CAN HANDLE THIS ABILITY).

I WILL BE RELEASE TO CHARLESTON COUNTY.

CC: SEN. ROBERT FORD

SEN. LAWRENCE K."LARRY" GROOMS

REP. ROBERT L. BROWN, JR.

REP. BEN HAGOOD, JR.

CONG. HENRY EDWARD, JR.

CONG. JAMAS E. CLYBURN

MR. ROBERT SMALLS #078711
R.C.I.
POST OFFICE BOX 2039 / CB 65
RIDGE LAND , S.C. 29936-2039

SAVANNAH GA 314
31 DEC 2008 PM 3:1



INTERIM DEPUTY DIRECTOR ALICIA JACOBS
STATE OF S.C. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
POST OFFICE BOX 8206
Columbia , S.C. 29202-8206

29202+8206





State of South Carolina
Department of Health and Human Services

Log 0358 ✓

Mark Sanford
Governor

Emma Forkner
Director

January 15, 2009

Mr. Randy Grant #Y308239
Turbeville Correctional Institution
Post Office Box 252
Turbeville, South Carolina 29162

Dear Mr. Grant:

At the request of your father, Mr. Robert Smalls, we are writing to give you information on South Carolina programs that can assist you following the completion of your incarceration.

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

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

Sincerely,

A handwritten signature in cursive script, reading "Alicia Jacobs".

Alicia Jacobs
Deputy Director

AJ/clc
Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

January 15, 2009

Mr. Robert Smalls #078711
R.C.I.
Post Office Box 2039 / CB 65
Ridgeland, South Carolina 29936

Dear Mr. Smalls:

Thank you for writing our agency on behalf of your son, Mr. Randy Grant, regarding information on programs in South Carolina that can assist him following the completion of his incarceration.

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

Sincerely,

Alicia Jacobs
Alicia Jacobs
Deputy Director

AJ/cic
Enclosures