DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Floyd	3-10-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000459	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	[X] Prepare reply for appropriate signature DATE DUE 3-20-08
	[ ] FOIA DATE DUE _____
	[ ] Necessary Action

Closed 3/11/08 letter attached.

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

Mr. Antwone Watson, # 285658

R.C.I. RM# CA-48

P.O. Box 2039

Ridgeland, SC 29936

March 3, 2008

Director Robert M. Kerr

Health and Human Services
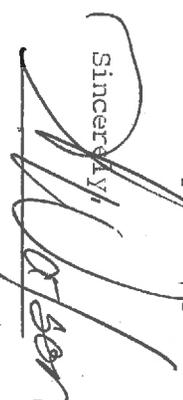
P.O. Box 8206

Columbia, SC 29202-8206

RE: A Fresh Start

Dear Dir. Kerr,

    I am Antwone Watson in the above caption, and within the South Carolina Dept. of Correctional Institution at Ridgeland. I am writting to you seeking some assistance toward my May 1, 2008 max-out release. I will be living with my family for 2-3 months, but I will still need the assistance from the Dept. of Health and Human Services toward a fresh start. I have written other agencies seeking assistance such as HUD, SSA, and Vocational Rehabilitation. My contact address after May 1, 2008 will be 1305 5th Ave. N. Charleston, SC 29407. I will highly appreciate the assistance that you can provide to me for a fresh start.

Sincerely,

Antwone Watson

CC: Sen Lawrence K. "Larry" Grooms
    Sen. Robert Ford
    Rep. Floyd Breeland
    Rep. Converse A. Chellis, III

State of South Carolina
Department of Health and Human Services

March 11, 2008

Mr. Antwone Watson
#285658
R.C.I. RM# CA-48
Post Office Box 2039
Ridgeland, South Carolina 29936

Dear Mr. Watson:

Thank you for writing our agency regarding information on programs in South Carolina to assist you following the completion of your incarceration.

The Department of Health and Human Services administers the Medicaid program. Medicaid is a healthcare program that is based on federal and state requirements. Medicaid does not provide financial assistance for living expenses. A Medicaid eligibility worker can determine if you qualify based on the information provided from an application if you decide to apply.

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 services, prescription medications, and daily living needs. I hope this information is helpful.

Sincerely,

Raymond J. Floyd
Deputy Director

RJF/col
Enclosures

TO	DATE
Floyd	3-10-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000459	[ ] Prepare reply for the Director's signature
	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	[X] Prepare reply for appropriate signature
_____	DATE DUE 3-20-08
	[ ] FOIA DATE DUE _____
	[ ] Necessary Action

| APPROVALS
(Only when prepared
for director's signature) | APPROVE | * DISAPPROVE
(Note reason for
disapproval and
return to
preparer) | COMMENT |
|---|---|---|---|
| 1. *(signature)* | 3/11/08 | | |
| 2. *(signature)* | 3/11/08 | | |
| 3. | | | |
| 4. | | | |