

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Jacobs	9-13-10

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000111	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR Cleared 9/14/10, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 9-27-10
	<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.			

MR. BRIAN TURNER #243984/CB-1
RIDGELAND C.I. / P.O. BOX 2039
RIDGELAND, SOUTH CAROLINA 29936

SEPTEMBER 9TH, 2010

DEPT. OF HEALTH + HUMAN SERVICES
DIRECTOR: EMMA FORKNER
P.O. BOX 8206
COLUMBIA, SOUTH CAROLINA 29202-8206

RECEIVED

RE: A FRESH START

SEP 13 2010
Department of Health & Human Services
OFFICE OF THE DIRECTOR

DEAR MR. FORKNER,

HELLO, MY NAME IS BRIAN TURNER. I AM AN INMATE CURRENTLY BEING
HOUSED IN THE S.C. DEPT. OF CORRECTIONS AT RIDGELAND C.I. IN JASPER COUNTY. MY
MY NEXT DATE IS SCHEDULED FOR NOVEMBER 1ST 2010. MY REASON FOR WANTING TO
YOU IS MY RESPECTFUL REQUEST FOR MEDICAL ASSISTANCE. AS I AM A TYPE 1 INSULIN
DEPENDANT DIABETIC FROM SPARTANBURG COUNTY IN NEED OF A FRESH START. I AM
SEEKING THIS ASSISTANCE THROUGH THE FEDERAL BUREAU OF PERSONS PROGRAM, AS I WILL
BE HOMELESS WHEN I AM RELEASED. MY ONLY POSSESSIONS BEING: A STATE RELEASE
UNIFORM, (BLUE SHIRT, TANK TOPS AND SHOES) AN ID CARD AND MY RELEASE PAPERS. I WOULD
GREATLY APPRECIATE ANY AND ALL ASSISTANCE, AS WELL AS REFERENCES YOU CAN PROVIDE. I
WOULD ALSO LIKE TO THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS
MOST URGENT MATTER!

SINCERELY,

Brian L. Turner
BRIAN L. TURNER

(STREET MAILING ADDRESS)

670 IDLEWOOD CIRCLE
SPARTANBURG, S.C. 29306

CC: FEDERAL BUREAU OF PRISONS
U.S. DEPT. OF JUSTICE
SEN. GEORGE E. "CHIP" CAMPBELL III
SEN. ROBERT FORB
REP. THOMAS M. "TOM" DANTZLER
REP. JACOBSON SETH WARDER

Log # 0111 ✓

September 14, 2010

Mr. Brian Turner, # 243986/CB-11
Ridgeland Correctional Institution
PO Box 2039
Ridgeland, South Carolina 29936

Dear Mr. Turner:

Thank you for writing our agency regarding 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 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 (toll-free) at 1-888-549-0820, 8 AM – 5 PM Monday through Friday for additional information.

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 hope this information is helpful.

Sincerely,



Alicia Jacobs
Deputy Director

AJ/jgl