



House of Representatives

State of South Carolina

Craig A. Gagnon
District No. 11 – Abbeville-
Anderson Counties
504 Church Street
Abbeville, SC 29620

436-A Blatt Building
Columbia, SC 29201
craigagagnon@schouse.gov

Tel. (803) 212-6934
Bus. (864) 366-2024
Home (864) 366-4112

Committee:
Agriculture, Natural Resources and
Environmental Affairs

August 9, 2016

Governor Nikki Haley
Attention: Mr. Hal Peters, Boards and Appointments
1205 Pendleton Street
Columbia, South Carolina 29201

RE: Request for Appointment of Georgia Ann Thomas, Foster Care Review Board 8A

Dear Governor Haley and Mr. Peters:

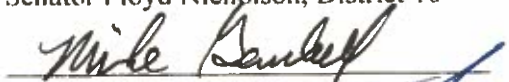
The undersigned members of the General Assembly representing the 8th Judicial Circuit request that Georgia Ann Thomas be appointed to the 8th Judicial Circuit Foster Care Review Board to fill the unexpired term of Janna Davis whose term expires on 12/31/18.

Enclosed is a completed Application for Boards, Commissions and Committees and a completed SC DSS Consent to Release Information form.

Sincerely,


Senator Ronnie Cromer, District 18


Senator Floyd Nicholson, District 10 *KM*


Senator Mike Gambrell, District 4


Senator Danny Verdin, III, District 9


Rep. Michael A. Anthony, District 42


VACANT, District 7


Rep. Craig A. Gagnon, District 11


Rep. Walton J. McLeod, District 40 *8-26-16*


Rep. J. Anne Parks, District 12


Rep. Michael A. Pitts, District 14


Rep. R. Shannon Riley, District 13


Rep. Mark N. Willis, District 16

Enclosures



Office of the Governor
State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination will not be complete until this application is filed. Please return the application to:
Office of the Governor, Attn: Katie Philpott, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr./Mr./Mrs./Ms.

Thomas
Last

Georgia
First

ANN
Middle

2] Name of Board, Commission, or Committee you are being considered for:

Foster Care Review Board 8A

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 3

456 Gray Rock Estates, Abbeville, SC. 29620
Abbeville County

4] Home Telephone:

864.366.4936

5] Office Telephone:

N/A

6] Fax:

N/A

7] Mobile Telephone:

864.993.9064

8] Email Address:

MizzThomas@yahoo.com

9] Drivers License #

001738682

10] Social Security #:

251-84-9564

11] Voter Registration #

0 007 852

12] Date of Birth:

04/12/49

13] Race:

Black

14] Sex: Male / Female

15] Level of Educational Background Completed:

Some High School _____

High School graduate or equivalence (G.E.D.) _____

Some College ☒

College graduate _____

Professional degree (please specify) _____

16] Present Employer

Retired

Address _____

Current Position _____

17] Years of residence in South Carolina:

66 yrs

18] Have you ever been arrested for a crime other than a minor traffic violation? No

If so, give details.*

19] Have you filed state and federal income tax returns for the past five years? Yes If not, give details.*

20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? No If so, give details.*

21] Have you ever defaulted on any state or federal student loan? No If so, give details.*

22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? No
If so, give details.*

23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? No
If so, give details.*

24] Have you ever served in the military? No
Were you honorably discharged? No If not, give details.*

25] Have you ever been terminated from employment for cause? No If so, give details.*

26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? No If so, give details.*

27] Have you ever been disciplined or fined by the State Ethics Commission? No If so, give details.*

28] Have you ever been disciplined or fined by any professional or regulatory agency? No If so, give details.*

29] Do you serve on any local or state board, commission, committee, or elected office? No If so, list.*

30] Are you a registered lobbyist in the State of South Carolina? No

31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? Yes If so, give details.* *South Carolina Retirement System, Spouse and Self.*

32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? No If so, give details.*

33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? No If yes, give details.*

34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? No If so, please identify *:

- a) the type of property,
- b) the name of the agency(s) involved,
- c) the value of the transaction(s).

35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? No If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? No If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? No If yes, please identify *:

- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] I, Georgia D. Thomas, agree that, if I am appointed to the Foster Care Review Board SA I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

Georgia D. Thomas
Applicant's Signature

Sworn and subscribed before me this 2nd day of November, Two Thousand and 15.

Avail Thomas Quail
Notary Public for South Carolina

My commission expires June 27, 2023

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

SECTION I. Purpose for Request

A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:

- ☐ becoming or remaining a foster parent or potential adoptive parent; or
- ☐ becoming or remaining an employee of or a member of the state or a local foster care review board; or
- ☐ becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.

B. ☐ I am requesting a search ONLY of the Central Registry of Child Abuse and Neglect for a purpose of _____.

SECTION II. Mail Results To:

ATTN: _____

TEL. NO: _____

SECTION III. Central Registry Check Fees: Please ☒ appropriate box and include payment. Check or Money Order (NO CASH).

- | | |
|--|--|
| <input type="checkbox"/> Non-Profit Entities.....\$8.00 | <input type="checkbox"/> Name Changes.....\$8.00 |
| <input type="checkbox"/> For-Profit Entities.....\$25.00 | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00 |
| <input type="checkbox"/> State Agencies.....\$8.00 | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00 | |

SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)

Name: Georgia Ann Thomas DOB: 04/22/99 Sex: Female Race: Black
Maiden/Aliases: Gray Name Change: _____
Place of Birth: South Carolina SSN: (See Instructions) 251-84-9567
Current Address: 456 Grey Rock Estates Previous Address: (See Instructions) _____
Abbeville, SC. 29620

SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.

Georgia Ann Thomas

Signature of Applicant
April C. Thomas

Signature of Notary or Witness

November 2, 2015

Date
11/2/15

Date

SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.

- ☐ The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call _____ if you have any questions.
- ☐ The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

Authorized DSS Employee

Date