

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

✓ BK ✓
JL
Log # 160 Response

TO <i>Supra</i>	DATE <i>11-29-12</i>
--------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100160</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>12-7-12</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Host, Lynch, Mr. Keck</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>*He is also requesting SNAP + FI</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. <i>Cleared 12/17/12, letter attached</i>			
2.			
3.			
4.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

COMMITTEES:
ARMED SERVICES
CHAIRMAN, PERSONNEL SUBCOMMITTEE
FOREIGN AFFAIRS
EDUCATION AND THE WORKFORCE
HOUSE POLICY

Congress of the United States
House of Representatives

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AIKEN*
ALLENDALE
BARNWELL
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CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)

W. ERIC DELL
CHIEF OF STAFF
AND COUNSEL

RECEIVED

NOV 29 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

November 27, 2012

Ms. Jennifer Lynch
Constituent Services
SC Dept. of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Re: Robert M. Kennedy
248-61-7113

Dear Ms. Lynch,

I am writing to you on behalf of a constituent who has contacted me regarding an issue involving the South Carolina Department of Health and Human Services. Mr. Kennedy recently was granted custody of his two young children, and is hoping to expedite his assistance applications.

Your kind assistance would be greatly appreciated. Please respond to Ms. Laura Howell at our Midlands District Office at 1700 Sunset Blvd., Suite 1, West Columbia, South Carolina 29169. The phone number is 803-939-0041. The fax number is 803-939-0078.

It is an honor to represent the people of the Second Congressional District of South Carolina, and I value your input. If I may ever be of assistance to you, please do not hesitate to contact me.

Very truly yours,



JOE WILSON
Member of Congress

JW/lh

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CONGRESSMAN JOE WILSON

Second District of South Carolina

Privacy Release

Consent for Release of Personal Records by Executive Agencies

To Whom It May Concern:

I have sought assistance from the Office of Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974. I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

& HEALTH & HUMAN SVCS.

Name of Agency: South Carolina Dept. of Social Services

Robert M. Kennedy
Name (please print)

Feb 14, 1984
Date of Birth

136 Hayes St
Address

Wilbert, SC 29054
City Zip

248-61-7113
Social Security Number

emccartha@pbtcmm.net
E-mail Address

gm. 803-892-6815 Dad-
Telephone Number Home Mother

803-960-1888 Grandmother
Telephone Number - Cell

[Signature]
Signature

Nov. 21, 2012
Today's Date

Please briefly explain your concern (use the back if necessary): Emergency help

as soon as possible Medicaid - SNAP

and FI Please!

Thank you

Congressman Joe Wilson (SC-02)
1700 Sunset Boulevard, Suite 1 | West Columbia, SC 29169
Phone: (803) 939-0041 | Fax: (803) 939-0078

Congress of the United States
House of Representatives
Washington, DC 20515-4002

OFFICIAL BUSINESS

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Joe Wilson
M.C.

Ms. Jennifer Lynch
Constituent Services
SC Dept. of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206





December 17, 2012

The Honorable Joe Wilson
United States Congress
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for contacting this agency on behalf of Mr. Robert Kennedy regarding his family's Medicaid application.

We have been in direct contact with Mr. Kennedy and were pleased to inform him that his application was approved. We also contacted the Department of Social Services on his behalf regarding his Supplemental Nutrition Assistance Program and Family Independence applications requesting that they reach out to him directly regarding the status. Mr. Kennedy was provided with a contact person in our Lexington County Medicaid Office should he require further assistance.

We appreciate your continued interest and support of the South Carolina *Healthy Connections* Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,



Anthony E. Keck
Director

AEK/I



December 17, 2012

Mr. Robert Kennedy
136 Hayes Street
Gilbert, South Carolina 29054

Dear Mr. Kennedy:

United States Congressman Joe Wilson contacted this agency on your behalf regarding your recent Low Income Families Medicaid application.

I am pleased to inform you that your application was approved and your coverage began effective November 1, 2012. Your children, Joshua and Garrett, were also approved; however, their coverage is scheduled to begin effective January 1, 2013 because their coverage in Texas is not scheduled to end until December 31, 2013.

The Department of Social Services (DSS) administers the Supplemental Nutrition Assistance Program and Family Independence programs. We have been in contact with DSS on your behalf and have asked them to contact you directly regarding your applications.

If you require further assistance regarding the South Carolina *Healthy Connections* Medicaid program, please contact Ms. Myra Shivers in our Lexington County Medicaid Office at (803) 785-2966. We appreciate you bringing your concerns to Congressman Wilson's attention.

Sincerely,

John R. Supra Jr.
Deputy Director and CIO

JS/I

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

ACTION REFERRAL

NOV 30 REC'D

LEP

TO	DATE
Supra, Jones U. (Carolyn Road)	11-29-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000160	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 12-7-12
2. DATE SIGNED BY DIRECTOR cc: Host, Lynch, Mr. Heck	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE 12/14/12 - m J Due Date
* He is also requesting SNAP + FI	<input type="checkbox"/> FOIA DATE DUE Note: CR had to coordinate w/ DCSS. <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. 	✓		RECEIVED RECEIVED DEC 10 REC'D LEP LEP
2.			
3.			
4.			



December 18, 2012

Ms. Laura Howell
Midlands District Office
1700 Sunset Blvd., Suite 1
West Columbia, SC 29169

Dear Ms. Howell:

Congressman Joe Wilson contacted our agency on behalf of Mr. Robert M. Kennedy's Medicaid eligibility for his family.

We are pleased to inform you that Mr. Kennedy's application for the Low Income Families program was approved for his family on November 21, 2012, effective November 1, 2012.

In regards to his request for Supplemental Nutrition Assistance Program (SNAP) and Family Independence (FI) benefits, we have made a referral to the South Carolina Department of Social Services (SCDSS) in his behalf. SCDSS administers the SNAP and FI programs.

If you have questions about the Medicaid program, please contact Ms. Carolyn Roach at (803) 898-3967. I hope this information is helpful.

Sincerely,

John R. Supra, Jr.
Deputy Director and CIO

JRS:j

Carolyn Roach

From: Matheus, Marilyn <Marilyn.Matheus@dss.sc.gov>
Sent: Tuesday, December 04, 2012 5:03 PM
To: Carolyn Roach
Subject: RE: Copy of letter from Congressman Joe Wilson

This Food Stamp application was approved on 11/28/12. The FI portion was applied for on 11/21/12 and will likely be approved within 30 days following the application date. We are contacting the family to make sure they have their EBT card.

Thank you for bringing this to our attention.
Marilyn

Marilyn M. Matheus
Constituent Services and Public Information
SC Department of Social Services
803-898-7858 phone
803-898-7652 fax
Marilyn.matheus@dss.sc.gov

From: Carolyn Roach [<mailto:ROACHCA@scdhhs.gov>]
Sent: Tuesday, December 04, 2012 4:14 PM
To: Matheus, Marilyn
Subject: RE: Copy of letter from Congressman Joe Wilson

Thanks.

Carolyn Roach, Director
Division of Eligibility Training
Office of Eligibility, Enrollment and Member Services
Department of Health and Human Services
803.898.3967 (office)
803.255.8350 (fax)

From: marilyn.matheus@dss.sc.gov [<mailto:marilyn.matheus@dss.sc.gov>]
Sent: Tuesday, December 04, 2012 4:12 PM
To: Carolyn Roach
Subject: RE: Copy of letter from Congressman Joe Wilson

Thanks, Carolyn.

We'll contact the constituent and let you know the outcome.

Marilyn Matheus

From: ROACHCA@scdhhs.gov
Sent: Tue, 4 Dec 2012 21:05:43 +0000
To: marilyn.matheus@dss.sc.gov
Cc:
Subject: Copy of letter from Congressman Joe Wilson

I left you a message about this letter. I am responding to the Medicaid portion and wanted to know if you would like to respond to the SNAP and FI?

Carolyn Roach, Director
Division of Eligibility Training
Office of Eligibility, Enrollment and Member Services
Department of Health and Human Services
803.898.3967 (office)
803.255.8350 (fax)

-----Original Message-----

From: jsm_biz_01@scdhhs.gov [mailto:jsm_biz_01@scdhhs.gov]
Sent: Tuesday, December 04, 2012 3:51 PM
To: Carolyn Roach
Subject: [Image File] Carolyn R,jsmbiz01, #331

FROM:
Image data has been attached to
the E-Mail.
Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED.

If you have received this in error, please notify us immediately and destroy the related message.

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2ND DISTRICT, SOUTH CAROLINA

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W. ERIC DELL
CHIEF OF STAFF
AND COUNSEL

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NOV 29 2012

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OFFICE OF THE DIRECTOR

November 27, 2012

Ms. Jennifer Lynch
Constituent Services
SC Dept. of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Re: Robert M. Kennedy
248-61-7113

Dear Ms. Lynch,

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Your kind assistance would be greatly appreciated. Please respond to Ms. Laura Howell at our Midlands District Office at 1700 Sunset Blvd., Suite 1, West Columbia, South Carolina 29169. The phone number is 803-939-0041. The fax number is 803-939-0078.

It is an honor to represent the people of the Second Congressional District of South Carolina, and I value your input. If I may ever be of assistance to you, please do not hesitate to contact me.

Very truly yours,



JOE WILSON
Member of Congress

JW/lh

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& HEALTH & HUMAN SVCS.

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Name (please print)

Feb 14, 1984
Date of Birth

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City Zip

248-61-7113
Social Security Number

emccartha@pbtcomm.net
E-mail Address

gm. 803-892-6815 Grandmother
Telephone Number - Home

803-960-1888 Grandmother
Telephone Number - Cell

[Signature]
Signature

Nov. 21, 2012
Today's Date

Please briefly explain your concern (use the back if necessary): emergency help

as soon as possible Medicaid - SNAP

and FI Please!

Thank you

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M.C.

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OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>11-29-12</i>
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1. LOG NUMBER <i>100160</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>12-7-12</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Host, Lynch, Mr. Keck</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
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	<input type="checkbox"/> Necessary Action DATE DUE _____

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2ND DISTRICT, SOUTH CAROLINA

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