

**South Carolina Department of Social Services**  
**APPLICATION FOR IV-E ELIGIBILITY**

County Office: \_\_\_\_\_

**I. Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **U.S. Citizen?**  Yes  No

**II. Placement Authority (Check one)**

Date

- EPC \_\_\_\_\_
- Ex Parte \_\_\_\_\_
- Court Order \_\_\_\_\_
- Voluntary Placement \_\_\_\_\_
- Voluntary Relinquishment \_\_\_\_\_

**III. Information Regarding Child and Family at Time of Removal**

1. Mother's Name, Address and Social Security Number

\_\_\_\_\_

2. Biological Father's Name, Address and Social Security Number

\_\_\_\_\_

3. Legal Father's Name, Address and Social Security Number

\_\_\_\_\_

4. Who was child living with at time of removal? \_\_\_\_\_

If other than parent: name and relationship: \_\_\_\_\_

5. Household Composition: Please send completed Face Sheet (DSS Form 3091)

6. Was anyone in the household working at the time of removal?  Yes  No

Name: \_\_\_\_\_ Gross Monthly Wages: \_\_\_\_\_

Name: \_\_\_\_\_ Gross Monthly Wages: \_\_\_\_\_

7. Does anyone receive:

	<u>Name</u>	<u>Amount</u>
SSI	_____	_____
Social Security	_____	_____
Veteran's Benefits	_____	_____
Child Support	_____	_____
Unemployment Benefits	_____	_____
Other	_____	_____

8. List resources available to the family: \_\_\_\_\_

**Name of Worker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_