

South Carolina Department of Social Services
SIMPLIFIED RENEWAL FOR THE ELDERLY
NOTICE OF EXPIRATION

Your Supplemental Nutrition Assistance Program (SNAP) benefits will expire on

To receive SNAP without interruption, you must complete and mail this form along with all proof of information in the enclosed self-addressed envelope or take to your local DSS Office as soon as possible, but must be received by

	DATE RECEIVED – OFFICE ONLY	If you need help with this form, call:	CO. NO.	CASE NAME
		1-888-898-0055		
				CASE NUMBER
				SNAP CERT. THRU DATE

I certify that the following questions have been answered truthfully and completely under the penalty of perjury. I understand that the information given on this form may cause my SNAP benefits to stop or change. I give permission for the Department of Social Services to make any necessary contacts to check my statements.

Signature: _____ Date: _____

PLEASE PRINT

1. Tell us who you are and where you live. We must be able to reach you by telephone.

Last Name:	First Name:	MI:	Phone Where We Can Reach You: ()	
Street Address: (Include Apt./Lot No.)	City:	State:	Zip Code:	County:
Mailing Address: (If Different, Include Apt./Lot No.)	City:	State:	Zip Code:	

2. Would you like for someone not in your household to complete this application for you or represent you as your authorized representative? Yes No If yes, tell us the information below:

Name of Representative: _____

Address: _____ Telephone: _____

3. Tell us who lives with you. List yourself (or the person shown in item 1 above) on the first line.

Name (First, Middle, Last) <small>List names as they appear on the person's Social Security Card.</small>	Relationship to Person on Line 1	Date of Birth	Age	Sex M/F	His-panic or Latino?	* Race Code (Choose one or more)	Social Security Number or Date of SS-5	Blind or Disabled	US Citizen	In School	Working	Include In Budget
1.	(Self)				Yes No			Yes No	Yes No	Yes No	Yes No	Yes No
2.					Yes No			Yes No	Yes No	Yes No	Yes No	Yes No
3.					Yes No			Yes No	Yes No	Yes No	Yes No	Yes No
4.					Yes No			Yes No	Yes No	Yes No	Yes No	Yes No

* Race: BL - Black or African American; WH - White; AS - Asian; AI - American Indian/Alaskan Native; NH - Native Hawaiian or Other Pacific Islander
The collection of ethnic and racial information from the applicant is voluntary and will not affect eligibility or the level of benefits the applicant may receive. The information is collected to assure that the program benefits are distributed without regard to race, color, or national origin.

Do you live in a drug and alcohol treatment center or rehabilitation facility (DAA)? Yes No

If yes, Name: _____ Telephone Number: _____

Do you live in a group home for blind or disabled individuals? Yes No

If yes, Name: _____ Telephone Number: _____

4. Do you have an EBT card? Yes No
5. Is anyone in your household a fleeing felon or probation/parole violator? Yes No
If yes, name: _____
6. Was anyone in your household convicted of a controlled substance abuse violation that occurred after Aug. 22, 1996?
 Yes No If yes, name: _____

7. How much does the household have in cash \$ _____, checking \$ _____, and/or savings account(s) \$ _____?

8. Tell us about the income your household receives. Types of income may include employment, Social Security benefits, SSI, pensions, veteran's benefits, child support, cash contributions, unemployment, railroad retirement, dividends, interest and any other income.

Type of Income	Who Receives It?	Gross Monthly Income

9. Tell us about your shelter expenses:

Does your household pay mortgage? Yes No If yes, list monthly amount: _____

Does your household pay rent? Yes No If yes, list monthly amount: _____

Does your household pay property taxes on your home? Yes No If yes, list yearly amount: _____

Does your household pay homeowner's insurance? Yes No If yes, list yearly amount: _____

10. Tell us about your utility expenses:

Does your household pay for heating or cooling costs? Yes No

If yes, how do you heat and/or cool your home? _____

If your household does not pay for heating or cooling costs, do you pay for other utilities? Yes No

Does your household receive LIHEAP (Low-Income Home Energy Assistance Program)? Yes No

If you answered NO to both of the questions above, what is the amount of your monthly utilities other than phone: _____

11. Does anyone in your household, who is elderly (age 60 or older) or disabled, pay out-of-pocket medical expenses (for example: prescriptions, doctor's visits, hospital, health insurance, etc.) between \$35.01 and \$210.00 per month? Yes No

• If yes, then send proof of medical expenses incurred in the past 12 months.

• If medical expenses cause your household's monthly medical expenses to exceed \$210.00, please provide copies of all medical expenses incurred in the past 12 months.

12. Does anyone in your household pay legally obligated child support to someone living outside of your home?

Yes No If yes, how much per month? _____

SNAP Warnings and Penalties

- **DO NOT** buy ineligible items such as alcoholic beverages or tobacco with SNAP benefits.
- **DO NOT** use your EBT card to pay for food charged to a credit account.
- Violators of the above rules may not be able to get SNAP benefits for a period of 1 year to permanently and may be fined up to \$250,000 or imprisoned up to 20 years or both. A court can also add an additional 18-month SNAP participation restriction for an individual.
- **DO NOT** buy or sell firearms, ammunition or explosives with SNAP benefits; if you do, you can never get SNAP benefits again.
- **DO NOT** buy or sell illegal drugs with SNAP benefits; **DO NOT** trade, sell or alter Electronic Benefit (EBT) cards; if you do, you cannot get SNAP benefits for 24 months for the 1st offense and permanently for the 2nd offense.
- **DO NOT** trade, sell or share EBT cards or SNAP benefits. If a court of law finds you guilty of selling benefits of \$500 or more, you will be permanently ineligible to participate in the program for the first offense.
- **DO NOT** receive SNAP benefits in more than one state for the same month. Any individual found to have made a fraudulent statement, or fraudulent representation of identity or residence in order to receive benefits shall be ineligible to receive SNAP benefits for 10 years.
- Any member of your Household who intentionally breaks the rules may not get SNAP for 12 months for the first offense, 24 months for the second offense and permanently for the third offense.

RENEWAL FORM

This form will be considered filed as long as it contains a legible name, address, and signature.

- Answer all questions on this form. If you do not have enough space on the form for your answers you may attach an additional sheet of paper.
- Forms received after the due date, or without the requested proof, will be considered late/incomplete and may delay your SNAP benefits for the following month.
- Failure to report or verify any deductible expenses will be seen as a statement that your household does not want to receive a deduction for the expense.
- DSS does not share Social Security Numbers (SSNs) or citizenship/immigration status for non-applicants and individuals ineligible for benefits with the US Department of Homeland Security.
- DSS will use SSNs in the state income and eligibility verification system and other computer matching and program reviews. This information may be verified through other sources when discrepancies are found and may also affect your household's eligibility and benefit level.
- This information, including the Social Security Number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2008. This information will also be used to monitor compliance with program regulations and for program management. Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of SNAP benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible members.
- You have a right to an appeal and to request a fair hearing. If you disagree with the benefits you get from us, or if your benefits have been denied or stopped, you can ask for a Fair Hearing. At a Fair Hearing both you and DSS will tell a Hearing Officer what has happened in your case. The Office of Administrative Hearings will then send you a decision on your case.

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

You may also file a complaint of discrimination by contacting DSS. Write DSS Office of Civil Rights, P.O. Box 1520, Columbia, SC 29202-1520; or call (800) 311-7220 or (803) 898-8080 or TTY: (800) 311-7219.



South Carolina Department of Social Services
Voter Preference Form

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Please check one)

- Yes**, I would like to register to vote.
- I am registered, but **not** at my **current** address.
- No**, I am registered at my **current** address.
- No**, but I will use the Voter Registration Mail Application.
- No**. I do not wish to register to vote at this time.
- No**. I am not eligible to vote.
- No**. I am refusing to register.

IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Signature of Applicant/Declinee

Date

Important Notices

- Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency.
- If you would like help in filling out the voter registration application, we will help you. The decision whether to seek or accept help is yours. For assistance in completing the voter registration application form outside our office, call 1-800-616-1309.
- If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.
- If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the following:

Executive Director
South Carolina State Election Commission
 1122 Lady Street, Suite 500
 P.O. Box 5987
 Columbia, SC 29205
 Main: (803) 734-9060 Fax: (803) 734-9366
 Email: elections@elections.sc.gov

South Carolina Department of Social Services How DSS Can Assist You With The Voter Registration Process

This explanatory statement relates to the National Voter Registration Act and has been prepared in order to provide information on how the Department of Social Services may assist you in the voter registration process.

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used only for voter registration purposes.

If you have recently changed your address, you will need to fill out a new Voter Registration Application to become or remain properly registered.

You have several options from which to choose if you want to register to vote. Assistance is available in person at your local county DSS office, by telephone, and online.

- Voter Registration Applications are available in each local county DSS office. You may submit a completed voter registration application to any local DSS office or to the County Board of Registration and Elections where you reside.
- For voter registration assistance from DSS by telephone, call 1-800-616-1309.
- You may also register to vote at www.scvotes.org if you have a valid SC driver's license or an ID issued by the SC Department of Motor Vehicles.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the following:

Executive Director
South Carolina State Election Commission
1122 Lady Street, Suite 500
P.O. Box 5987
Columbia, SC 29205
Main: (803) 734-9060 Fax: (803) 734-9366
Email: elections@elections.sc.gov

When voting in person, you will be asked to show one of the following Photo IDs:

- SC Driver's License
- SC Department of Motor Vehicles ID Card
- SC Voter Registration Card with Photo
- Federal Military ID
- US Passport

If you already have one of the photo IDs above you are ready to vote. Be sure to bring your ID with you to your polling place.

County Board of Voter Registration and Elections

Abbeville

901 West Greenwood St.
Suite 2500
Abbeville, SC 29620
(864) 366-2400, ext. 53

Aiken

Post Office Box 3127
Aiken, SC 29802
(803) 642-2028

Allendale

158 McNair Street
Allendale SC 29810
(803) 584-4178

Anderson

Post Office Box 8002
Anderson SC 29622
(864) 260-4149

Bamberg

Post Office Box 947
Bamberg, SC 29003
(803) 245-3028

Barnwell

P.O. Box 668
Barnwell, SC 29812
(803) 541-1060

Beaufort

P.O. Drawer 1228
Beaufort, SC 29901
(843) 255-6900

Berkeley

PO Box 6122
Moncks Corner, SC 29461
(843) 719-4056

Calhoun

102 Courthouse Dr., Suite 115
St. Matthews SC 29135
803) 874-2929

Charleston

Post Office Box 71419
North Charleston, SC 29415
(843) 744-8683

Cherokee

110 Railroad Avenue
Gaffney, SC 29340
(864) 487-2563

Chester

Post Office Box 580
Chester, SC 29706
(803) 385-2562

Chesterfield

205 West Main Street
Chesterfield, SC 29709
(843) 623-2265

Clarendon

Post Office Box 548
Manning SC 29102
(803) 435-8215

Colleton

Post Office Box 97
Walterboro, SC 29488
(843) 549-2842

Darlington

131 Cashua Street
Darlington SC 29532
(843) 398-4900

Dillon

Post Office Box 973
Dillon SC 29536
(843) 774-1403

Dorchester

201 Johnston Street
St. George, SC 29477
(843) 563-0132

Edgefield

Post Office Box 442
Edgefield SC 29824-0442
(803) 637-4072

Fairfield

Post Office Drawer 60
Winnsboro, SC 29180
(803) 635-6255

Florence

219 Third Loop Road
Florence, SC 29505
(843) 665-3094

Georgetown

303 N. Hazard Street
Georgetown SC 29440
(843) 545-3339

Greenville

301 University Ridge, Suite 1900
Greenville SC 29601
(864) 467-7250

Greenwood

600 Monument Street
Box P-117
Greenwood SC 29646
(864) 942-8585

Hampton

201 Jackson Avenue West
Hampton, SC 29924
(803) 914-2080

Horry

1515 4th Avenue
Conway, SC 29526
(843) 915-5440

Jasper

Post Office Box 299
Ridgeland, SC 29936-0299
(843) 726-7709

Kershaw

609 Lafayette Avenue
Camden, SC 29020
(803) 424-4016

Lancaster

Post Office Box 1809
Lancaster SC 29721
(803) 285-2969

Laurens

Post Office Box 769
Laurens, SC 29360
(864) 984-4431

Lee

Post Office Box 309
Bishopville SC 29010
(803) 484-5341, Ext. 324

Lexington

605 West Main Street, Suite 105
Lexington SC 29072
(803) 785-8361

Marion

137 Airport Court, Suite E
Mullins SC 29574
(843) 423-8268

Marlboro

Post Office Box 502
Bennettsville, SC 29512
(843) 479-5612

McCormick

Post Office Box 636
McCormick, SC 29835
(864) 852-2089

Newberry

Post Office Box 147
Newberry SC 29108
(803) 321-2121

Oconee

415 South Pine Street
Walhalla SC 29691
(864) 638-4196

Orangeburg

Post Office Box 9000
Orangeburg SC 29116-9000
(803) 533-6210

Pickens

222 McDaniel Avenue B-9
Pickens SC 29671
(864) 898-5948

Richland

Post Office Box 192
Columbia, SC 29202
(803) 576-2240

Saluda

111 Law Range
Saluda SC 29138
(864) 445-4500, ext. 2200

Spartanburg

Post Office Box 1287
Spartanburg, SC 29304
(864) 596-2549

Sumter

141 North Main Street
Sumter SC 29150-4987
(803) 436-2313

Union

1246 S. Duncan Bypass, Suite B
Union SC 29379
(864) 429-1616

Williamsburg

5 Courthouse Square
Kingstree, SC 29556
(843) 355-6044

York

13 South Congress Street
York SC 29745
(803) 684-1242