



The South Carolina Department of Social Services
APPLICATION
for the
TANF/FAMILY INDEPENDENCE PROGRAM (FI)
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
REFUGEE CASH ASSISTANCE PROGRAM (RCA)

Do you need help filling out this application due to disability? Do you need an interpreter? Do you need translated materials? If yes, please ask for help at your local DSS Office. To get the address or phone number of your local office, call toll free: 1-800-616-1309 or online at www.dss.sc.gov.

Solicitudes en español están disponibles en su oficina local del DSS o usted puede llamar al 1-800-616-1309 para pedir que se le envíe una por correo.

Social Security Numbers – Citizenship – Immigration Status

Family Independence (FI) and Supplemental Nutrition Assistance Program (SNAP) Applicants:

- You must provide or apply for a Social Security Number and citizenship/immigration status on **all** family members for whom you want cash benefits or SNAP benefits. Immigration status may be subject to verification by United States Citizenship and Immigration Services (USCIS). The Social Security Number is not required to file an application for Refugee Cash Assistance (RCA) benefits. The refugee may provide a copy of the SS-5 until the card is received.
- Benefits will not be provided to individuals who do not provide, or show proof of application for, their Social Security Number and citizenship/immigration status.
- Social Security Numbers are not required for non-applicants or persons ineligible for SNAP or cash benefits, however the proof of income must be provided for **all** members of the SNAP and FI benefit group.
- If we need information on a person for whom you did not provide information, a DSS worker will contact you to discuss the requirements.
- DSS does not share SSNs or citizenship/immigration status for non-applicants and individuals ineligible for benefits with the US Department of Homeland Security.
- DSS will use Social Security Numbers 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 institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs.

The U.S. Department of Agriculture also prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination with USDA, complete the [USDA Program Discrimination Complaint Form](#), found online at **www.ascr.usda.gov/complaint_filing_cust.html**, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#); found online at **www.fns.usda.gov/snap/contact_info/hotlines.htm**.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, DC 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

USDA and HHS are equal opportunity providers and employers.

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.

SOME COMMON TERMS USED IN THE APPLICATION

This application form can be used to apply for the following programs:

Family Independence (FI)

This is South Carolina's Temporary Assistance for Needy Families (TANF) program. This program may pay you a monthly cash benefit for households with dependent children. It may help you train for work and look for a job and pay child care and transportation costs.

Supplemental Nutrition Assistance Program (SNAP)

This program will help you buy food for your family.

Refugee Cash Assistance (RCA)

This program provides cash assistance to adult refugees without dependent children.

What do the words used in the application mean?

This chart explains the words we have used in the application:

Benefit Group (BG)	The group of individuals whose income, resources, and/or needs impact the eligibility and amount of benefits in an FI case. BG members include sanctioned and disqualified individuals as well as Family Cap children.
Caretaker	A parent or relative who applies for FI for children in their care.
Disqualification/ Sanction	The action taken to remove an individual from a SNAP or FI case for failure to meet or comply with a program requirement.
Electronic Benefit Transfer (EBT)	The system used in South Carolina to pay benefits to individuals who are eligible for SNAP benefits. Individuals receiving assistance are issued an EBT debit card, which is used to access their SNAP accounts.
ePAY	A payment method for eligible FI recipients. FI benefits are electronically deposited into a debit account. Recipients are issued an ePAY card to access their benefits.
Household Members	Individuals who live in your home.
Income	Payments such as wages, salaries, commissions, bonuses, worker's compensation, disability, pension, retirement benefits, interest, child support or any other form of money received.
Resources	Cash, property, or assets such as bank accounts, vehicles, stocks, bonds, and life insurance.
Migrant Farm Workers	Individuals who are seasonal farm workers and move from one home base to another to work or look for farm work.
Seasonal Farm Workers	Individuals who work at certain times of the year planting, picking or packing produce. They are hired on a temporary basis when a job requires more workers than the farm employs on a regular basis.
Trafficking	Selling or trading SNAP benefits for profit.
United States Citizenship and Immigration Services (USCIS)	This is an agency under Homeland Security, formerly known as the Immigration and Naturalization Service (INS).

**Family Independence (FI) and Refugee Cash Assistance (RCA) Programs
Supplemental Nutrition Assistance Program (SNAP)
YOUR RIGHTS AND RESPONSIBILITIES**

Confidentiality

- The information that you give to DSS will be kept confidential.

Exceptions:

1. Information may be disclosed to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending fleeing felons or probation/parole violators.
2. You agree that confidential information about you and/or your family may be released to other organizations if it is directly related to the operation of FI, RCA and the SNAP.

Social Security Numbers

In order to get benefits from the FI, SNAP and other programs:

- You must provide or apply for a Social Security number (SSN) for those persons who want to get FI and/or SNAP. Although SSNs are not required for non-applicants or persons ineligible for FI or SNAP, income information must be included for all HH/BG members.
- If DSS needs the SSN on a person for whom you did not provide information, a DSS worker will contact you to discuss the reasons for requesting the number and what will happen if you do not give DSS the number.
- SSNs will be used in computer matching programs and other reviews and you cannot receive SNAP benefits for any person an SSN is not provided for.
- If you do not have an SSN for an applicant, it will not delay your application, provided he/she applies for one immediately. DSS will help you apply for an SSN.
- DSS will not share or give SSNs of non-applicants or individuals ineligible for benefits with the U.S. Department of Homeland Security.

Citizenship and Immigration Status

- You must provide citizenship and immigration status information for those persons who want to get FI, RCA and/or SNAP.
- DSS will not share the citizenship and immigration status of non-applicants or individuals ineligible for benefits with the U.S. Department of Homeland Security. However, information provided by applicant household members may be submitted to United States Citizenship and Immigration Services (USCIS) for verification of immigration status. The information received from USCIS may affect the household's eligibility and level of benefits.

Assignment of Child Support

- Any child support you receive or may receive for an FI eligible child must be assigned to DSS.
- DSS may take action to collect child support from both maternal and paternal grandparents if the child's parent(s) are under age 18 and receive FI.

Paternity Establishment

- In order to get benefits from the FI Program, you must cooperate with the Integrated Child Support Services Division (ICSSD) in establishing paternity and obtaining child support for your children.
- If you have a good reason to believe cooperation may cause harm to you or your child(ren) ask your case manager about establishing "good cause" for failure to cooperate.

Varied Benefits

- If you receive child support through ICSSD, your SNAP benefits may change from month to month because of any changes in the child support you receive.

Work/Training Programs

- You must participate in a work or training program in order to receive FI or RCA benefits, unless you are exempt from the work program requirement.

Verification

- A DSS worker may need to contact other people or organizations (neighbors, banks, employers, etc.) in order to verify your income, bank accounts, alien status, medical/shelter expenses, insurance/retirement benefits, medical history and any other fact that relates to your eligibility for FI, RCA or SNAP benefits.
- For SNAP, 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 unreported expense.

Time Limits

- FI benefits may be time limited. Refugee cash assistance is limited to 8 months from the date of arrival in the U.S. SNAP benefits are not time limited and the receipt of SNAP benefits has no effect on any other program's time limits.

Fraud

- **The information that you give DSS may be verified by federal, state or local officials to determine if the information is correct.**
- **If you give DSS information that is found to be incorrect for FI or SNAP your case may be denied or closed.**
- **You may be subject to prosecution under federal and state laws for giving incorrect information.**

Benefit Repayment

- You may be required to repay benefits you received from FI (including child care and transportation), RCA and SNAP benefits that you should not have received even if you received them through no fault of your own.
- DSS may apply any benefits removed from your inactive EBT account to repay an outstanding SNAP claim(s).
- DSS seeks repayment of claims from any federal and/or state tax refunds that may be due you. The information that you give DSS, including SSNs, may be referred to federal/state agencies for claims collection action.

Fair Hearings

- If you do not agree with a decision made in your case, you may request a Fair Hearing, orally or in writing for SNAP, FI and RCA, by contacting your county DSS office or SCDSS, Division of Individual and Provider Rights, P.O. Box 1520, Columbia, SC 29202-1520, 1-800-311-7220 for FI and SNAP.
- **You may speak for yourself at the hearing. You may also bring a friend, relative, or lawyer to speak for you.**
- To request continuation of your FI, RCA or SNAP benefits, while you wait for the hearing, the request must be made within 10 days from the date of the notice you receive reducing or stopping your benefits.
- If the hearing decision is not in your favor, the benefits will have to be repaid.
- The maximum time to request a hearing after you get a notice reducing or stopping your benefits is: 60 days for FI and RCA and 90 days for SNAP benefits.

Application Filing Instructions

Your application is considered valid as long as it contains the name, address, and signature of a responsible household member or the household's authorized representative. Benefits are provided within 30 days from the date the application is received by the agency. If you are applying for SNAP benefits, your eligibility will be determined separately from any other programs and will not be denied solely because benefits from other programs have been denied. The Agency will process all SNAP applications in accordance with SNAP timeliness, notice, and fair hearing requirements, even if you are applying for other programs.

If I am a resident of an institution and jointly applying for SSI and food assistance prior to leaving the institution, the filing date of the application is my date of release from the institution. Processing time will begin from the date the application is received in the Department of Social Services.

- Please fill in all the blanks you can. If you need help or don't understand a question, a DSS worker can help you.
- Make sure you:
 - ▶ Print your name
 - ▶ Print today's date
 - ▶ Sign the application
- Please tear off pages 1-6 and keep for yourself. Return pages 7-10 of this application to DSS. Once your application has been received by the agency, you will be given a phone number to call for an interview no later than 10 days from the date your application is received. You may request a face to face interview with a worker in the county where you live if you want. You may bring someone with you to the interview that can help you. If an interpreter is needed, DSS will provide one at no cost to you. When you are interviewed it may help your DSS worker complete your application faster if you have provided the items below:
 - ▶ Pay stubs for the last four (4) weeks of work, if you are currently working, or most current tax returns if self-employed
 - ▶ (For FI Only) Birth certificates or other documents to prove relationship for all children for whom you are applying
 - ▶ Social Security Numbers for each family member applying for benefits – children and adults
 - ▶ Identification (such as driver's license, state ID card or other acceptable forms of ID)
 - ▶ Rent or mortgage payment receipts/utility bills
 - ▶ Bank account statements
- Mail, fax, e-mail or take this application to the Department of Social Services (DSS).
- To get the address of your county DSS office, call toll free: 1-800-616-1309 or online at www.dss.sc.gov.

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.**

TANF/Family Independence Program (FI)

The ePAY card should not be used in any electronic transaction:

- in any liquor store;
- casino, gambling casino or gaming establishment; or
- retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.

Refugee Cash Assistance Program (RCA)

Refugee cash assistance is limited to eight (8) months from the date of arrival in the U.S. The RCA benefit amount is the same as the benefit amount for FI. RCA is only available to adult refugees without minor dependent children. Your application for RCA will be completed at the local DSS office but the payment will be mailed to you from the office in Columbia, SC.

Report Changes

- **You must report certain changes in your circumstances to DSS.**
- **Your failure to report changes is considered to be withholding of information and will permit DSS to recover any benefits paid to you in error.**
- **You may report in writing, by phone, electronically or by use of the Change Report Form to report changes between recertification/redeterminations.**

SNAP

For households who must complete a mailed recertification form, you are only required to report changes at recertification (mailed or face-to-face), unless your gross income exceeds 130% of poverty. This change must be reported by the tenth of the month after the month the change occurred.

Family Independence (FI) Program and Refugee Cash Assistance (RCA) Program

Report these changes within **10 days**:

- Change in any income, hours of employment, rate of pay or new source of income, change in your address or residence, person(s) moving in or out of your home.

Report this change within **5 days**:

- Any household member temporarily living away from the household who has decided not to return to the household.

CHECK BOX FOR EACH PROGRAM YOU WANT TO APPLY FOR:

Family Independence (FI) Supplemental Nutrition Assistance Program (SNAP) Refugee Cash Program (RCA)

DSS USE ONLY: <input type="checkbox"/> New Application <input type="checkbox"/> Reapplication <input type="checkbox"/> Cure Sanction		DSS USE ONLY: Date Filed: _____	
<input type="checkbox"/> Family Independence Redetermination		DSS USE ONLY: Expedited Screener: _____	
CHIP Case No.:	Worker's Name:	Interview Date:	Expedited? <input type="checkbox"/> Yes <input type="checkbox"/> No

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.

PLEASE PRINT CLEARLY

Do you need an interpreter? If yes, what language do you use the most? _____

Do you need translated material? Yes No

Are you deaf or have a hearing loss? If yes, and you need assistance when communicating with us, please check all that apply: TTY/Video Relay Sign Language Interpreter Other: _____

You may designate someone to help you with the application and the interview. This person should know your household's situation well enough to give any information needed to determine your eligibility. You are still responsible for the information that anyone acting as your authorized representative gives, including any information that may be incorrect.

Would you like for someone not in your household to complete this application for you or to come in to be interviewed for you as your authorized representative? Yes No If yes, tell us the information and sign below:

Name of Representative to help you with the application and interview: _____ Telephone: _____

You may designate a second person or use the same person to assist you with utilizing benefits on your EBT or ePAY cards on your behalf.

Name of Second Representative: _____ Telephone: _____

Address: _____ Signature of Applicant/Client: _____

Signature of two witnesses, if signed by an "X": (1) _____ (2) _____

Expedited Service

You may get SNAP benefits within 7 calendar days if: your SNAP household has less than \$150 in monthly gross income and liquid resources such as cash, checking or savings accounts are less than or equal to \$100 or; your rent/mortgage and utilities are more than your household's combined monthly income and liquid resources or; a member of your household is a migrant or seasonal farm worker who is considered destitute.

Failure to answer the questions on this application may result in our inability to determine your eligibility for expedited service.

Section 1: Tell Us About Yourself

Last Name:		First Name:		MI:	Suffix:	
Street Address Where You Live:					Apt. or Lot No.:	
City:			State:		Zip Code:	County:
Mailing Address: (If different)					Apt. or Lot No.:	
City:			State:		Zip Code:	County:
Home Telephone No.:	Cell Phone No.:	Another telephone number where you can be contacted:			If we need to reach you, what is the best time to call you?	

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 (GLA)? Yes No

If yes, Name: _____ Telephone Number: _____

Please read and sign this statement/application.

I certify under penalty of perjury that the information I or my authorized representative has provided on this application, including information concerning citizenship and alien status, is true to the best of my knowledge. I give permission for the Department of Social Services to make any necessary contacts to check my statements. I know that I could be penalized if I knowingly give false information. I certify I received the *Your Rights and Responsibilities* handout included in this application packet.

Signature of Applicant or Authorized Representative: _____ **Date:** _____

Signature of two witnesses, if signed by an "X": (1) _____ (2) _____

Section 2: Tell Us About Your Household Members

List everyone who lives with you. Answer all questions for each household member.

Verification of information about all household members may be required. You only have to provide the SSN or date of SS-5 and citizenship/immigration status for persons for whom you are applying. SSN and citizenship/immigration status are voluntary for non-applicants and ineligible persons in your household.

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

(The collection of ethnic and racial information from the applicant is not mandatory; however, it is important for the purpose of determining the State's compliance with Federal civil rights laws) * Race: BL - Black or African American; WH - White; AS - Asian; AI - American Indian/Alaskan Native; NH - Native Hawaiian or Other Pacific Islander

For Family Independence only: Is any teenager listed above (male or female) a parent? Yes No
 If yes, who: _____
 Is anyone listed above pregnant? Yes No If yes, who: _____ Expected DOB: _____

Indicate any other people who live in the same house with you but you do not want included in your SNAP household because they do not purchase and prepare food with you or those noncitizens who do not wish the agency to contact INS to verify his/her immigration status. (Use another sheet of paper to add other people if there is not enough room for everyone here.)

Name	Age	Relationship to You	Does this person give you or anyone listed above any money?		Does this person pay any part of the household bill?	
			Yes/No	If Yes, Reason	Yes/No	If Yes, What bill(s)?
			Yes No		Yes No	
			Yes No		Yes No	
			Yes No		Yes No	

Are you or anyone who lives with you a fleeing felon or probation/parole violator? Yes No
 If yes, name(s): _____

Have you or anyone who lives with you been found guilty of committing one of the following offenses after August 22, 1996:

- a drug-related felony? Yes No If yes, name(s): _____
- receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time? Yes No
If yes, name(s): _____
- trading SNAP benefits for drugs? Yes No If yes, name(s): _____
- buying or selling SNAP benefits over \$500? Yes No If yes, name(s): _____
- trading SNAP benefits for guns, ammunitions, or explosives? Yes No
If yes, name(s): _____

Have you or anyone for whom you are applying received TANF or Family Independence before? Yes No
 If yes, in what state(s) were benefits received? _____
 Do you have a South Carolina ePAY card? Yes No

Have you or your household received SNAP benefits (formerly food stamps) before? Yes No
 If yes, in what state did you last receive benefits? _____
 Do you have a South Carolina EBT card? Yes No

Section 3: For Family Independence Only

Absent Parent Information: Provide the following information below for each child listed in Section 2 whose mother and/or father is not in the home. Additional information may be requested during your interview.

Absent Parent's Name, Last Known Address and Phone No.		Date of Birth	Social Security No.
<input type="checkbox"/> Mother <input type="checkbox"/> Father	<hr/> <hr/>		
Is this the child's legal Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name	Employer's Address	Employer's Phone No.
Child(ren)		Child(ren)	
Absent Parent's Name, Last Known Address and Phone No.		Date of Birth	Social Security No.
<input type="checkbox"/> Mother <input type="checkbox"/> Father	<hr/> <hr/>		
Is this the child's legal Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name	Employer's Address	Employer's Phone No.
Child(ren)		Child(ren)	
Absent Parent's Name, Last Known Address and Phone No.		Date of Birth	Social Security No.
<input type="checkbox"/> Mother <input type="checkbox"/> Father	<hr/> <hr/>		
Is this the child's legal Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name	Employer's Address	Employer's Phone No.
Child(ren)		Child(ren)	
Absent Parent's Name, Last Known Address and Phone No.		Date of Birth	Social Security No.
<input type="checkbox"/> Mother <input type="checkbox"/> Father	<hr/> <hr/>		
Is this the child's legal Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name	Employer's Address	Employer's Phone No.
Child(ren)		Child(ren)	

I do hereby attest under the penalties of perjury that the above information is true and correct to the best of my knowledge and belief and is given for the purpose of receiving services under Title IV-D of the Social Security Act. By signing this DSS 3800 Application, I understand that these assertions are true and will be used in legal pleadings against the absent parent.

Section 4: Tell Us About Your Household Resources

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

For FI, please provide the most recent account statement.

Does anyone own any cars, trucks, other assets or land/buildings other than where you live?

Yes No If yes for FI, please provide proof.

Section 5: Tell Us About Your Household Income

Are you or anyone in your household working? Yes No

If Yes, who is working? _____

Enter **GROSS** pay, not take home pay.

Name of Person Working:		Name of Person Working:	
Name and Address of Employer:		Name and Address of Employer:	
Telephone Number of Employer:	Fax Number of Employer:	Telephone Number of Employer:	Fax Number of Employer:
Amount Each Pay Period Before Taxes: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly		Amount Each Pay Period Before Taxes: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	
Hours Worked Each Week: _____		Hours Worked Each Week: _____	

Do you or anyone in your household receive money from any other source(s)? Yes No

If yes, please complete section below.

Other Income	Amount	How Often Do You Get This Income?	Which Family Member Gets This Income?
Child Support	\$		
SSI	\$		
Social Security Benefits	\$		
Unemployment Benefits	\$		
Veterans Benefits	\$		
Retirement/Pensions	\$		
Other (Explain)	\$		

What is the **total** amount of income you and your household have already received and expect to receive this month?

\$ _____

Is anyone in your household a migrant or seasonal farm worker? Yes No (If yes, answer the following questions)

• Did all of your household income recently stop? Yes No

If yes, when did you receive your last pay? _____ What was the total amount? \$ _____

• Does anyone in your household expect to receive income from a new source this month? Yes No

If yes, how much? \$ _____ Do you expect to receive it within 10 days? Yes No

Section 6: Tell Us About Your Household Expenses

Rent/Mortgage: \$ _____ Lot Space Rent: \$ _____ House Taxes: \$ _____ House Insurance: \$ _____

Do you pay to heat or cool your home? Yes No

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

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? _____

Do you pay someone to take care of your child(ren)? Yes No

Do you pay someone to take care of a dependent adult? Yes No

Does anyone in your household pay child support? Yes No

If yes, how much? \$ _____ How often? _____ Is it court ordered? Yes No

If anyone in your household is over 60 or disabled, do they have out of pocket medical expenses over \$35 each month?

Yes No