

South Carolina Department of Social Services  
**DECLARATION AND CONSENT TO PARTICIPATE IN THE  
SOUTH CAROLINA COMBINED APPLICATION PROJECT (SCCAP)**

**BY SIGNING MY NAME BELOW, I AM ACKNOWLEDGING THAT:**

- I have been informed of the SCCAP project;
- I have been given an information brochure, DSS Brochure 3352; and
- I have read, or had explained to me, and understand my rights and responsibilities under the SCCAP project.
- I understand that as an SSI recipient, in order to receive Supplemental Nutrition Assistance Program (SNAP) benefits for myself only, I will have to participate in the SCCAP Program unless I have shelter/utility expenses or out of pocket medical expenses over the SCCAP average.

**I AM ALSO DECLARING THAT:**

- I either live alone or that I purchase and prepare meals separately from other members in my household;
- I have no earned income;
- If you do not indicate below your average shelter/utility expenses you will be given the lower shelter deduction.
- Shelter and utility expenses include rent or mortgage, property taxes on your home, insurance on your home, electricity, gas for heating or cooling, water, sewage and/or garbage pick-up.
- I have average monthly shelter and utility expenses:
  - Between \$0 - \$285
  - Between \$286 - \$442
  - Over \$442

If your shelter expenses exceed \$442 per month you may apply for benefits through the regular SNAP Program at your local county office. Otherwise, you will receive the SCCAP standard benefit amount.

Applicant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I request that the person named below shall be my "Authorized Representative" and may act with my authority in situations concerning SNAP. I know I am responsible for all information given by my representative and will have to pay back SNAP benefits which I get because of wrong information given by my representative.

Name of Representative: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_