

South Carolina Department of Social Services
Supplemental Nutrition Assistance Program (SNAP)
CHANGE REPORT FORM FOR SIMPLIFIED REPORTERS

Case Name: _____ Date: _____

Case Number or Social Security Number: _____

YOUR HOUSEHOLD IS REQUIRED TO REPORT ANY OF THE FOLLOWING CHANGES:

- **A HOUSEHOLD MEMBER NO LONGER MEETS THE ABAWD (Able-Bodied Adult Without Dependents) WORK REQUIREMENT.** An ABAWD no longer meets the work requirement when his/her work hours fall below 20 hours weekly (less than 80 hours averaged monthly).
- **YOUR HOUSEHOLD'S TOTAL MONTHLY GROSS INCOME EXCEEDS 130% OF POVERTY.** Your gross income means all of the money your household receives including wages before taxes or other deductions, social security, SSI, cash contributions, unemployment compensation, child support, worker's compensation, etc.

Changes must be reported by the 10th day of the month after the month the change occurred. Failure to report these changes may result in an overpayment of SNAP benefits which you will have to repay to DSS.

The chart below shows the 130% poverty limits per household size. If your monthly gross income is greater than the amount for your household size, you are required to report this change.

If your household size is:	You must report a change if your gross household income is greater than:
1	\$ 1,287.00
2	\$ 1,736.00
3	\$ 2,184.00
4	\$ 2,633.00
5	\$ 3,081.00
6	\$ 3,530.00
7	\$ 3,980.00
8	\$ 4,430.00
9	\$ 4,881.00
10	\$ 5,332.00
11	\$ 5,783.00
12	\$ 6,234.00

To report a change, you may: Complete this form, **sign it on the other side** and return it to your local county office or by calling DSS Connect at 1-800-616-1309. If you need assistance in completing this form you may contact your local county office.

I want to report that:

- An ABAWD in my household is no longer meeting the work requirement.
 My household's gross monthly income is over 130% of poverty.

List the monthly income by each type received:

Type of Money	Who gets it?	How much each month?	Is this new income to your household?	When did it start?

Total gross monthly income based on chart above: \$ _____ .

Do you expect the changes you have reported will remain the same next month? Yes No

If you answer no, please explain: _____

OTHER CHANGES

You are only required to report other changes every six months as follows:

- On your mailed six month recertification form, or
- At your annual recertification

You may voluntarily report any **other** changes in the space below such as a new address, your shelter costs went up, someone moved into or out of your home, your income has gone down, or you have out of pocket dependent care costs or an ABAWD household member is meeting a work requirement or exemption.

SNAP Warnings and Penalties

When a household receives SNAP benefits, it must obey certain rules. The rules to be followed are:

- **DO NOT** give false, incorrect or incomplete information.
- **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 for violations of \$5000 or greater. 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** use other people's EBT card or SNAP benefits.
- **DO NOT** receive SNAP benefits in more than one state for the same month. Any individual found to have made a fraudulent statement or representation of identity or residence shall be ineligible to receive SNAP benefits for 10 years.

Signature:

I understand the penalty for hiding or giving false information. I agree to provide proof of any changes I report if asked.

Your Signature: _____ Today's Date: _____

This institution is an equal opportunity provider.