

**South Carolina Department of Social Services  
Supplemental Nutrition Assistance Program**

## APPLICATION FOR THE ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)

This application is used for persons applying for food assistance where:

- Everyone in the household is aged 60 or older; or
- All household members aged 60 or older purchase and prepare food separately from the other household members; and
- No member receives earnings from work.

You may file this application by completing at least your name, address and signing the form. If you need help completing this application, call toll-free 1-888-898-0055.

CHIP Case No.:	Date Filed:
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**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	Hispanic 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? \_\_\_\_\_

13. **Please read and sign this statement/application.**

**I certify that the information I or my authorized representative have provided above 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 have received the *Your Rights and Responsibilities* handout.**

Signature of Applicant/Client: \_\_\_\_\_ Date: \_\_\_\_\_

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

### 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 1<sup>st</sup> offense and permanently for the 2<sup>nd</sup> 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.

### 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, religious creed, disability, age, political beliefs, 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](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](mailto: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, S.C. 29202-1520; or call (800) 311-7220 or (803) 898-8080 or TTY: (800) 311-7219.

## What is the Elderly Simplified Application Project (ESAP)?

A project to simplify the application process for seniors in order to participate in the Supplemental Nutrition Assistance Program (SNAP).

## Who qualifies for ESAP?

You may be eligible to receive food assistance through ESAP if:

- All members of your household who purchase and prepare food together are 60 years old or older;
- The members of your household are not working;
- You are not already receiving SNAP through South Carolina Combined Application Project (SCCAP);
- Your household is under the income limits to be eligible for SNAP participation.

## How do I apply?

- You do not have to go to a DSS office to apply.
- You can call 1-888-898-0055 to request that an application be mailed to you, or you can print an application from the DSS website at [www.dss.sc.gov](http://www.dss.sc.gov) and click on ESAP.
- Complete and sign the application and include any proof of out-of-pocket medical expenses for which you want to receive a deduction.
  - Applications should be mailed to:**  
ESAP  
SC Department of Social Services  
P.O. Box 100203  
Columbia, SC 29202-3229
- After your application is received, you will receive a letter in the mail with important information about completing an interview to determine your eligibility for SNAP benefits.
- Once you are approved, your SNAP benefits go into a special account and we send you an Electronic Benefit Transfer (EBT) card to use every month to buy groceries. Your EBT card works just like a bank debit card.

## **RIGHTS AND RESPONSIBILITIES**

- The information you provided will be kept confidential and will be used only for processing your application and administering SNAP and other benefits your household may receive, or when required by law.
- You must provide your Social Security Number, or apply for one if you do not have one. The number will be used to check the information on the application.
- The department will check the immigration status for anyone applying for benefits. You do not have to be a U.S. citizen to apply for assistance. The department will not check immigration status of family members who are not applying for SNAP.
- You must provide proof of certain things, like your identity and income, before receiving SNAP. If you cannot get this proof, a caseworker will help you.
- You cannot be discriminated against on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. You will receive information about how to file a complaint in writing.
- If you fail to report or provide verification of deductible expenses, DSS will take this as your statement that you do not want to receive the deduction.
- If you give DSS incorrect, incomplete or false information, not only may benefits be denied or stopped, you may also be subject to prosecution under state and federal laws.
- If you receive benefits you should not have received, you will be required to pay DSS back, even if it was not your fault. If this occurs, you will be notified in writing, and given more information about the repayment process.
- If you are not satisfied with a decision made on your case, contact your local DSS office. You may ask for a supervisor to review your case, or request a Fair Hearing. Information about requesting a Fair Hearing can be found on the decision notices.

## **CHANGES YOU ARE REQUIRED TO REPORT**

- You must report when 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.
- These changes must be reported by the tenth day of the month after the month of the change. All other changes must be reported at renewal.
- Failure to do so is considered withholding information and will permit the Department to recover any benefits paid in error.

## **PRIVACY ACT STATEMENT**

Federal and State laws and regulations limit the use of confidential information concerning applicants and recipients of economic and medical assistance programs to the purposes directly related to the administration of these programs.

## **SOCIAL SECURITY NUMBER**

Social Security Numbers (SSN) will be used to check identity to prevent duplicate participation and to facilitate making mass changes. SSNs will also be used in computer matching and program review or audits to make sure you are eligible for assistance.

Information obtained may affect your eligibility and level of benefits. Inaccurate or false information may result in criminal or civil action or administrative claims for fraudulent participation in SNAP.

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 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 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.

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?**  
(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**

- 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 at South Carolina Election Commission, 1122 Lady St. Suite 500, P.O. Box 5987  
Columbia, SC 29205 or call 803-734-9060, fax to 803-734-9366, or email [elections@elections.sc.gov](mailto:elections@elections.sc.gov). This address is for complaints only regarding your right to vote.
- 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.
- 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.

**RETURN FORMS TO DSS:**

South Carolina Department of Social Services  
Centralized Scan Center  
P.O. Box 100203  
Columbia, SC 29202-3203