

**South Carolina Department of Social Services**  
**DECLARATION AND CONSENT TO PARTICIPATE IN THE**  
**SOUTH CAROLINA COMBINED APPLICATION PROJECT (SCCAP) FOR**  
**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

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

- I have been given information about the SCCAP and my rights and responsibilities under the project;
- I understand that as an SSI recipient, in order to receive 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 OR
  - I am paying legally obligated child support outside of the household.

**I AM DECLARING THAT:**

- I either live alone or that I purchase and prepare meals separately from other members in my household;
- I am not paying legally obligated child support outside of the household;
- I do not have monthly medical expenses that exceed \$50;
- I have no earned income;
  - My monthly SSI income amount is: \$ \_\_\_\_\_
  - Any other unearned monthly income amount is: \$ \_\_\_\_\_ Type of Income: \_\_\_\_\_
- If you do not indicate your average shelter/utility expenses below, 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 - \$409
  - Between \$410 - \$442
  - \$443 or over
- Are you a fleeing felon or probation/parole violator?  Yes  No
- Have you ever been convicted of a controlled substance violation that occurred after August 22, 1996?  Yes  No

**HOW TO OPT OUT OF THE SCCAP:**

**Shelter Expenses:**

If your shelter expenses are \$443 or over per month, you may be eligible to receive benefits through the regular SNAP Program, however, you will be required to verify your shelter/utility expenses. Otherwise, you will receive the SCCAP standard benefit amount.

- If your shelter expenses are \$443 or over per month, do you want to receive SNAP benefits through the regular SNAP Program?  Yes  No  N/A

**Medical Expenses:**

If you pay out-of-pocket medical expenses more than an average of \$50 per month, you may be eligible to receive benefits through the regular SNAP Program, however, you will be required to verify your monthly medical expenses. Otherwise, you will receive the SCCAP standard benefit amount.

- If your monthly medical out-of-pocket expenses are greater than \$50, do you want to receive SNAP benefits through the regular SNAP Program?  Yes  No  N/A

**Legally Obligated Child Support:**

If you pay legally obligated child support outside of the household, you may be eligible to receive benefits through the regular SNAP Program, however, you will be required to verify your legally obligated child support. Otherwise, you will receive the SCCAP standard benefit amount.

- If you are paying legally obligated child support outside of the home, do you want to receive SNAP benefits through the regular SNAP Program?  Yes  No  N/A

Applicant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Please Print)

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

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

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

## AUTHORIZED REPRESENTATIVE DESIGNATION

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: \_\_\_\_\_

### 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.

### 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, audiotape, 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, SC 29202-1520; or call (800) 311-7220 or (803) 898-8080 or TTY: (800) 311-7219.

## WHAT IS THE SC COMBINED APPLICATION PROJECT (SCCAP)?

SCCAP is a project that makes it easier for seniors and disabled people who receive Supplemental Security Income (SSI) to also receive food assistance.

## WHO QUALIFIES FOR SCCAP?

You may receive food assistance through this program if you:

- Receive SSI;
- Are not working;
- Live alone or buy and fix your meals separate from the other people you live with; and
- Are not married.

## HOW DO I APPLY?

- You can apply for food assistance through the Supplemental Nutrition Assistance Program (SNAP) at the same time you apply for SSI at the Social Security office.
- You do not have to go to a DSS office to apply.
- If you are already receiving SSI and are not receiving food assistance through the SNAP, you can fill out a SCCAP application and mail it to your local Department of Social Services county office or to:

*Applications should be mailed to:*

**SCCAP**

**S.C. Department of Social Services**

**P.O. Box 100203**

**Columbia, SC 29202-3203**

- Once you are approved, your SNAP benefits go on an EBT card for you to use to buy groceries. Your EBT card works just like a bank debit card.

## HOW DO I GET AN APPLICATION?

- You can get an application and fill it out when you visit the Social Security office.
- You can call **1-888-898-0055** to request an application be mailed to you.
- You can print an application from our web site at <http://www.dss.sc.gov>. "Click on Assistance Programs, SNAP, then How Do I Apply?"
- You can get an application at any DSS office.

## IMPORTANT INFORMATION

- You may be eligible for more food assistance benefits if you are receiving SSI and you:
  - Pay \$443 or over per month for rent, mortgage, and utility costs;
  - Pay more than \$50 per month for out-of-pocket medical costs; or
  - Pay legally obligated child support outside of the household.
- If you are waiting for approval for SSI and need food assistance right away, you may apply at any DSS Office.

**TO FIND OUT MORE, CALL *1-888-898-0055.***

## **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, an Economic Services worker 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 any 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 must report all changes to the Social Security Administration according to their requirements. 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