South Carolina Department of Social Services

NOTICE OF EXPIRATION

Your Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance for Needy Families (TANF) benefits will expire on _____

To receive SNAP and/or TANF without interruption, you must complete and mail this form along with all proof of information or take to any DSS Office as soon as possible, but must be received by _____

If you need help with this form, please call 1-800-616-1309.

	DATE RECEIVED – OFFICE ONLY	OFFICE USE ONLY
		If submitted late, expedited? ☐ Yes ☐ No ☐ Not Enough Info.

CO. NO.	CASE NAME

CASE NUMBER

SNAP/TANF CERT. THRU DATE

SECTION 1: Tell Us About Yourself

Last Name:	First Name:	MI:	Suffix:

Home Phone No.:	Cell Phone No.:	Another telephone number where you can be contacted:	Best time to call:

WHERE DO YOU LIVE

Street Address: (Include Apt./Lot No.)	City:	State:	Zip Code:	County:

Have you moved since your last application or renewal? ☐ Yes ☐ No

IF YOU RECEIVE YOUR MAIL SOMEPLACE ELSE, PLEASE FILL IN SECTION BELOW.

Mailing Address: (If Different, Include Apt./Lot No.)	City:	State:	Zip Code:	County:

Is this a new mailing address? ☐ Yes ☐ No

I certify that the questions above and below on this form have been answered truthfully and completely under the penalty of perjury. I understand that the information given on this form may cause my SNAP or TANF benefits to stop or change. I give permission for the Department of Social Services to make any necessary contacts to check my statements.

SIGNATURE: _____ **DATE:** _____

SECTION 2: Tell Us About Your Household Members

List everyone who lives with you. Answer all questions in the table below 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 of the persons for whom are applying. SSN and citizenship/immigration status is 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	His-panic or Latino	Race Code (Choose one or more)	Social Security Number or Date of SS-5	Blind or Dis-abled	US Citi-zen	In School	Work-ing	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
5.					Yes No			Yes No	Yes No	Yes No	Yes No	Yes No
6.					Yes No			Yes No	Yes No	Yes No	Yes No	Yes No
7.					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.

1. Is anyone listed above pregnant? ☐ Yes ☐ No
   If yes, who: _____ Due date: _____

2. Is anyone living in a special setting such as a shelter for battered women and children, homeless shelter, drug or alcohol treatment or rehabilitation facility (DAA), group home for blind or disabled individuals (GLA), or other institution? ☐ Yes ☐ No
   If yes, who: _____ Type of Facility: _____
   Facility Name: _____ Telephone Number: _____

3. Is anyone in your household a regular participant in a drug or alcohol program? ☐ Yes ☐ No (If yes, send proof)
   If yes, who: _____

4. Does anyone own any cars, trucks, other assets or land/buildings other than where you live? ☐ Yes ☐ No
   If yes, for TANF, what is the value? $ _____

5. How much does the household have in cash $_____, checking $_____, and/or savings account(s) $_____?
   For TANF, please provide the most recent bank account statement.

6. Are you or anyone who lives with you a fleeing felon or probation/parole violator? ☐ Yes ☐ No
   If yes, who: _____

7. 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, who: _____
   - Receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time? ☐ Yes ☐ No
     If yes, who: _____
   - Trading SNAP benefits for drugs? ☐ Yes ☐ No If yes, who: _____
   - Buying or selling SNAP benefits over $500? ☐ Yes ☐ No If yes, who: _____
   - Trading SNAP benefits for guns, ammunitions, or explosives? ☐ Yes ☐ No
     If yes, who: _____

SECTION 3: For Temporary Assistance for Needy Families ONLY

Is there any new information you need to report about the absent parent(s)? ☐ Yes ☐ No
If yes, please complete the table below and list the additional information. If you need more room, attach another sheet of paper with additional information, including absent parent's name(s).

Absent Parent's Name, Last Known Address and Phone Number:			Date of Birth	Social Security No.
Is this the child's legal Parent? ☐ Yes ☐ No	Employer's Name	Employer's Address		Employer's Phone No.
Child(ren)		Child(ren)		

Absent Parent's Name, Last Known Address and Phone Number:			Date of Birth	Social Security No.
Is this the child's legal Parent? ☐ Yes ☐ No	Employer's Name	Employer's Address		Employer's Phone No.
Child(ren)		Child(ren)		

I do hereby attest under the penalty 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 Application for Public Assistance, 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 Income

1. Are you or anyone in your household working? ☐ Yes ☐ No **If yes, send in all paystubs received in the last 4 weeks.** Complete the table below for each household member currently working.

   Note: If you do not receive payment in the form of money for your work (in-kind or with an established volunteer organization), or just started work and have not received a paystub yet, or if you do not have all paystubs, have the person you work for complete this section.

   If employment has ended, please indicate the reason employment ended and the former employer: _____

   _____

   Date of Final Check: _____ Gross Amount of Final Check: $_____

   If your employment has ended, have you applied for unemployment? ☐Yes ☐ No

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: $ _____ ❑Weekly ❑ Every 2 Weeks ❑ Twice a Month ❑ Monthly Hours Worked Each Week: _____		Amount Each Pay Period Before Taxes: $ _____ ❑Weekly ❑ Every 2 Weeks ❑ Twice a Month ❑ Monthly Hours Worked Each Week: _____	

	DATE PAY RECEIVED			GROSS PAY	TIPS	TOTAL HOURS		DATE PAY RECEIVED			GROSS PAY	TIPS	TOTAL HOURS
	MO	DAY	YEAR					MO	DAY	YEAR			
1.							1.						
2.							2.						
3.							3.						
4.							4.						

_____ Employer Signature	_____ Telephone No.	_____ Employer Signature	_____ Telephone No.
Printed Name: _____		Printed Name: _____	

2. **Is anyone in your household, aged 18-49, unable to work?** ☐ Yes ☐ No
   If yes, who: _____ Why is this person unable to work? _____

3. Do you or anyone who lives with you get money other than from work? ☐ Yes ☐ No
   If yes, complete the table below.

OTHER INCOME	AMOUNT	HOW OFTEN DO YOU GET THIS INCOME?	WHO GETS THIS INCOME?
Child Support (Voluntary or Court Ordered)	$		
SSI	$		
Social Security Benefits	$		
Unemployment Benefits	$		
Veterans Benefits	$		
Other: (Explain)	$		

SECTION 5: Tell Us About Your Household Expenses

Please tell us about any expenses that you or anyone who lives with you pays for and send proof of the expenses.

ITEM	WHO PAYS?	AMOUNT	ITEM	WHO PAYS?	AMOUNT
Rent		$	Mortgage		$
Condominium Fees		$	2nd Mortgage		$
Name of Landlord:			Land Payment		$
Telephone No. of Landlord:			Property Taxes/Assessments Not Included In House Payments		$
Mobile Home Rental Space/Lot		$	Homeowner's Insurance Not Included In House Payments		$

1. Do you pay to heat or cool your home? ☐ Yes ☐ No
   If yes, how do you heat or cool your home? _____
2. Does your household receive LIHEAP (Low-Income Home Energy Assistance Program) payments? ☐ Yes ☐ No
   If you answered NO to both of the questions above, what is the amount of your monthly utilities other than phone?
   $_____
3. Does any person pay for child care, or pay for the care of a disabled adult household member? ☐ Yes ☐ No
   Send all bills and/or receipts for the dependent care and complete the information below for that month.

Who does the sitter care for?:	Who pays the sitter?:
Name of Sitter:	
Cost:	How often?:
If you do not have all bills/receipts, have sitter complete this section:	
Sitter's Signature:	Phone No. of Sitter:
Do you receive an SC Voucher? (Formerly ABC Child Care Voucher) ☐ Yes ☐ No	

4. Does anyone in your household pay child support? ☐ Yes ☐ No
   If yes, how much? $_____ How often?_____ Is it court ordered? ☐ Yes ☐ No

5. If anyone in your household is disabled or over 60, does he/she have new out of pocket medical expenses over $35 each month (obtained since your last application/recertification)? ☐ Yes ☐ No **If yes, please send proof.**

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.**

South Carolina State Election Commission

SOUTH CAROLINA ELECTION COMMISSION

SC NVRA PROGRAM

VOTER REGISTRATION PREFERENCE FORM

TO REGISTER TO VOTE IN SOUTH CAROLINA YOU MUST:

1. Be a citizen of the United States of America;
2. Be 18 years old or older, or will be at the time of the next general election, or be at least 17 years old and understand that you must be at least 18 years old on election day of the general election in order to vote;
3. Be a resident of South Carolina, this county, precinct, or other election district for 30 days before the next election in which you intend to vote;
4. You must not vote in any other county or state after submission of a voter registration form. If you register to vote today, any voter registration you have elsewhere will be canceled.
5. You have not been convicted of a felony, or if so, you have completed your sentence (including any probation, post-release supervision, or parole).

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 would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the South Carolina State Election Commission, 1122 Lady Street, Suite 500 Columbia, SC 29201, or you may call (803) 734-9060.

PLEASE READ, PRINT YOUR NAME AND DATE OF BIRTH, AND SIGN BELOW:

I have been offered the opportunity to register to vote at the agency named below and I understand that I will be offered the opportunity to register to vote at the initial application for service of assistance and with each recertification, renewal or change of address relating to such service or assistance.

I understand that I may request and receive assistance from this agency in completing the voter registration form. The decision to seek or accept help is mine. I may fill out the application in private.

If I choose to register to vote, the location where I completed the voter registration application form will be used only for voter registration purposes. If I decline to register to vote, the fact that I declined will be used only for voter registration purposes.

Applicant Name _____ Date of Birth _____

Applicant Signature _____ Date _____ Agency Name _____

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Please select one of the options below:

- ☐ YES, I would like to apply to register to vote here today.
- ☐ YES, I would like to apply to register to vote, but I will take a voter registration application home to complete at a later time.
- ☐ NO, I am declining the opportunity to register to vote today.
- ☐ I am ALREADY REGISTERED to vote at my current address.
- ☐ I am ALREADY REGISTERED but I would like to update my voter registration information. I will complete a voter registration Application/Update form for this purpose.

IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

FOR NVRA AGENCY USE ONLY:					
County:		**Agency Type:**	**01**	**02**	**03**
Interviewer Initials:		**If Phone/Email contact, was voter registration form mailed to applicant?**			

scVOTES.gov
To be eligible to register, you must be:
A U.S. Citizen | S.C. Resident | 18 years or older

Renewal/Redetermination Form

This form will be considered filed as long as it contains a legible name, address, and signature.

- **Answer all questions on this form. If you do not have enough space on the form for your answers you may attach an additional sheet of paper.**
- **You have the right to receive an application form upon request.**
- **Forms received after the due date, or without the requested proof, will be considered late/incomplete and may delay your SNAP/TANF benefits for the following month. If you need help in getting the requested proof, call the telephone number on the first page of this form.**
- **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 expense.**
- **If a large letter "A" or "C" is listed on the top of the first page of this form, then benefits will not be issued without an interview. You will receive a letter in the mail with instructions on completing your interview after you file this form with DSS. Failure to complete your interview may result in a delay or denial of benefits.**
- **The information that you give to DSS will be kept confidential. However, the 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. 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 TANF and/or SNAP**.
- **DSS does not share Social Security Numbers (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 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.**
- **You have a right to an appeal and to request a fair hearing. If you disagree with the benefits you get from us, or if your benefits have been denied or stopped, you can ask for a Fair Hearing. You may speak for yourself at the hearing. You may also bring a friend, relative, or lawyer to speak for you. At a Fair Hearing both you and DSS will tell a Hearing Officer what has happened in your case. The Office of Administrative Hearings will then send you a decision on your case.**
- **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.**

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 are required to recertify every six months, you must report when your total gross income exceeds 130 % of the federal poverty level, when an ABAWD in your SNAP household is no longer meeting the work requirement hours, or when a member of your household wins lottery or gambling winnings equal to or greater than $3500 from a single game before taxes or other withholdings. 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 recertification.

Temporary Assistance for Needy Families Program (TANF) and
Refugee Cash Assistance Program (RCA)

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.

Non-Discrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination 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, 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, 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.

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 (click the link for a listing of hotline numbers by State); found online at: http://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, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

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) 331-7220 or (803) 898-8080 or TTY: (800) 311-7219.