

South Carolina Department of Social Services
CHANGE REPORT FORM

Case Name: _____ Date: _____

Case Number or Social Security Number: _____

**SECTION 1: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)**

Check any of the boxes below that applies. If you check any of the boxes in this section, please provide the new information in **Section 3**.

CHANGES YOU ARE REQUIRED TO REPORT (by the tenth day of the month after the month of the change):

- ☐ Your household's total monthly gross income exceeds 130% of poverty (see income chart below). Your gross income means all of the money your household receives including wages before taxes or other deductions, Social Security benefits, Supplemental Security Income (SSI), cash contributions, unemployment compensation, child support, worker's compensation, etc.

SNAP INCOME GUIDELINES

Household Size	Gross Monthly Income (130 percent of poverty)	Net Monthly Income (100 percent of poverty)
1	\$1696	\$1305
2	\$2292	\$1763
3	\$2888	\$2221
4	\$3483	\$2680
5	\$4079	\$3138
6	\$4675	\$3596
7	\$5271	\$4055
8	\$5867	\$4513
Each additional member	\$596	\$459

- ☐ When a household member who is an Able-bodied Adult Without Dependents (ABAWD) has work hours that fall below 20 hours weekly or 80 hours averaged monthly.
- When a household member wins lottery or gambling winnings equal to or greater than \$4500 from a single game before taxes or other withholdings.

SECTION 2: TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

Check any of the boxes below that applies. If you check any of the boxes in this section, please provide the new information in **Section 3**.

CHANGES YOU ARE REQUIRED TO REPORT (within 10 days):

For TANF Eligibility:

- ☐ Change in residence or address
- ☐ Change in employment status (starting and/or losing a job)
- ☐ Change in unearned income (amount or source)
(For example: unemployment benefits, child support, Social Security benefits, SSI, Veteran's Administration (VA) benefits, cash contribution, Workman's Compensation, etc.)
- ☐ Change in Benefit Group (BG) composition (someone moves in or out of your home)

For TANF Work Program:

- ☐ If you are receiving child care/transportation to participate in an activity and you stop participating.

SECTION 3: New Information

Please provide the information that corresponds to your selection(s) in **Sections 1 and/or 2** above.

New Address

Street: _____

City: _____ State _____ Zip code: _____

Earned Income (Employment)

Who started working? _____ Who stopped working? _____

Beginning Date? _____ Ending Date? _____

Employer: _____ Telephone #: _____

Employer Address: _____

Total Monthly Gross Income: \$ _____

Unearned Income

Source: _____ Total Monthly Gross Income: \$ _____

Household Members

Who moved in? _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Who moved out? _____

ABAWD

ABAWD's Name: _____

Weekly Work Hours: _____

Lottery or Gambling Winnings

Gross Amount: \$ _____

SECTION 4: Optional Information

You may voluntarily report any other changes in this section.

Rent Amount: \$ _____ Mortgage Amount: \$ _____ Property Taxes: \$ _____ Homeowner's Insurance: \$ _____

Any additional changes that you would like to report:

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, unless authorized.
- **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 will 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.

Signature: _____ Date: _____

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	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?			