

South Carolina Department of Social Services
**INTERIM CONTACT/NOTICE OF EXPIRATION FOR
 ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP) AND
 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

Your SNAP benefits will expire:
 To receive SNAP benefits without interruption, you must complete and return the form below with all proof of information to your local DSS Office as soon as possible, but no later than:

IMPORTANT – PLEASE READ THIS

- Answer all questions on this form. Please print clearly. If the space on the form is not big enough for your answer, you may attach an additional sheet of paper.
- Failure to answer the questions correctly or return the form by the due date may delay, reduce or stop your SNAP benefits.
- A DSS caseworker may contact you for additional proof of all information you provide on this form.
- If you need help with this form, call: .

DATE RECEIVED-OFFICE USE ONLY	

OFFICE USE ONLY
If submitted late, expedited?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Enough Information

CO. NO.	CASE NAME
	CASE NUMBER
	SNAP CERT. THRU DATE

By signing below, I attest that the above information is true and correct.

Signature: _____ **Date:** _____ **Telephone:** _____

We are conducting a yearly review of your eligibility for SNAP benefits. We will notify you if your benefit level changes.

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					

- Please list your shelter expenses.
 Rent/Mortgage: _____ Homeowner's Insurance: _____ Property Taxes: _____
 Do you pay for a heating or cooling cost? Yes No
 If no, list the utilities you pay for: _____
- Has anyone moved in or out of your home in the past 12 months? Yes No
 Who moved in? Name: _____ Relationship to You: _____ Date of Birth: _____ SSN: _____
 Does this person purchase and prepare their meals with you? Yes No
 Who moved out?: _____
- List any money you receive each month. Please write on the back if more space is needed.
 Source of Income: _____ Amount: _____ Who receives it?: _____
 Source of Income: _____ Amount: _____ Who receives it?: _____

4. You may make changes in your medical deductions once a year on this form. If you want a deduction for:
- Out-of-pocket prescription costs – Send in proof of prescription costs for the past 12 months. You may attach an itemized listing of your prescriptions costs from your pharmacy.
 - Medical expenses you have incurred in the past 12 months which you paid or still owe – Send in proof of these expenses. This includes doctor visits, hospital visits, etc.
 - A health insurance premium that you pay other than Medicare – Send in proof of the amount of this premium.

Please note: If proof of medical expenses is not provided, a deduction will not be given.

5. Do you know of anything in your household situation that is expected to change in the next 12 months? Yes No
If yes, please list: _____

6. Is anyone in your household a fleeing felon or probation/parole violator? Yes No
If yes, name: _____

7. Was anyone in your household convicted of a controlled substance abuse violation that occurred after August 22, 1996?
 Yes No
If yes, name: _____

South Carolina State Election Commission

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?				

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 maybe 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.**

RENEWAL 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 benefits for the following month.**
- **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.**
- **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.**

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.

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, 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.

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