

South Carolina Department of Social Services
**ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)
 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) RENEWAL
 NOTICE OF EXPIRATION**

If you need help with this form, please call 1-888-898-0055.

Your ESAP benefits will expire on

To receive ESAP benefits without interruption, you must complete and mail this form along with all proof of information in the enclosed self-addressed envelope or take to your local DSS Office as soon as possible, but must be received by



DATE RECEIVED – OFFICE ONLY	
<input type="text"/>	<input type="text"/>

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

CASE NAME
CASE NUMBER
SNAP CERT. THRU DATE

I certify that the following questions have been answered truthfully and completely under the penalty of perjury. I understand that the information given on this form may cause my ESAP 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:** _____

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 use 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) 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	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.

4. Do you live in a drug and alcohol treatment center or rehabilitation facility (DAA)? Yes No

If yes, Name: _____ Telephone Number: _____

5. Do you live in a group home for blind or disabled individuals? Yes No

If yes, Name: _____ Telephone Number: _____

6. Do you have an EBT card? Yes No

7. Is anyone in your household a fleeing felon or probation/parole violator? Yes No

If yes, name: _____

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

9. How much does the household have in cash \$_____, checking \$_____, and/or savings account(s) \$_____?

10. 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

Type of Income	Who Receives It?	Gross Monthly Income

11. 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: _____

12. Tell us about your utility expenses:

Does your household pay for heating or cooling cost? 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: _____

13. 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.

14. 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? _____

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 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.

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.

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.

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.
- You must report 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 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.