

**South Carolina Department of Social Services  
Family Assistance Program  
VOLUNTARY CHILD SUPPORT/CONTRIBUTION FORM**

**I. To:** \_\_\_\_\_ Applicant/Recipient's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Case No.: \_\_\_\_\_  
\_\_\_\_\_ Case Name: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Please complete the items concerning the above named individual, sign and return to the Department of Social Services.

**Worker's Name:** \_\_\_\_\_

**II. Child Support**

1. Are you the father/mother/grandparent of \_\_\_\_\_?  Yes  No
2. Are you giving any money for support of this child/these children?  Yes  No  
If yes, how much and how often? \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly  Varies
3. Are you giving support money on a regular basis?  Yes  No
4. How long have you been giving support money? \_\_\_\_\_
5. To whom do you pay this money? (Check one)  Applicant/Recipient  Clerk of Court: Which county? \_\_\_\_\_
6. Do you pay any bills directly for the applicant/recipient?  Yes  No If so, what? \_\_\_\_\_
7. How much did you give during the past two months?

Date	Amount Given	Date	Amount Given
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

8. Do you have medical/hospital insurance on this child/these children?  Yes  No  
If yes, tell us the company's name: \_\_\_\_\_
9. Do you have a driver's license?  Yes  No If yes, print your license number: \_\_\_\_\_
10. What is your social security number? \_\_\_\_\_ Date of Birth: \_\_\_\_\_
11. Where do you work? Company Name: \_\_\_\_\_  
Company's Address: \_\_\_\_\_  
Company's Telephone No.: \_\_\_\_\_

Your Printed Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**III. Contributions**

1. Do you give any money directly to the applicant/recipient other than child support?  Yes  No

2. For what purpose is the money given? \_\_\_\_\_

3. Do you pay any bills directly for the applicant/recipient?  Yes  No

If so, what? \_\_\_\_\_

4. How much did you give during the past two months?

Date	Amount Given	Date	Amount Given
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

5. How long have you been giving this money?  
\_\_\_\_\_

6. Is this money a gift?  Yes  No    Is this money a loan?  Yes  No

7. If a loan, when do you expect to be repaid? \_\_\_\_\_

Your Printed Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

## Instructions for DSS Form 1216

**Purpose:** The purpose of this form is to inform the Agency on voluntary child support and/or contributions given to a household by a non-household member.

### Instructions:

**Part I:** DSS worker requesting information should complete this section in its entirety.

**Part II. Child Support:** The absent parent/grandparent that is contributing financially to the household member completes this section. The DSS worker will also list the name(s) of the child(ren) by question number one.

**Part III. Contributions:** The individual who is providing financial support to the SNAP household/TANF benefit group completes this section.