South Carolina Department of Social Services Economic Services

VOLUNTARY CHILD SUPPORT

Part I.	
To:	
Address:	
	Case Name:
	Date:
Please complete the items concerning th	e above named individual, sign and return to SC Department of Social Service
Worker's Name:	
Part II.	
1. Are you the father/mother/grandpare	ent of? Yes N
2. Are you giving any money for suppo	ort of this child/these children? Yes No
If yes, how much and how often? \$	S Weekly Bi-weekly Monthly Varies
3. Are you giving support money on a	regular basis? Yes No
4. How long have you been giving sup	pport money?
5. To whom do you pay this money? (C	Check one) Applicant/Recipient Clerk of Court: Which county?
\$\$ \$ \$	Amount Given Date Amount Given \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
7. Do you pay any bills directly for the	applicant/recipient? Yes No If so, what?
8. Do you have medical/hospital insura	ance on this child/these children? Yes No me:
9. Do you have a driver's license?	Yes No If yes, print your license number:
	ber?Date of Birth:
	lame:
Company's Address:	
Company's Telephone No.:	
Your Printed Name:	
Your Signature:	
Telephone No.:	

This institution is an equal opportunity provider.

PURPOSE AND INSTRUCTIONS FOR DSS FORM 1216

Purpose:

The purpose of this form is to inform the Agency on voluntary child support given to a household/benefit group by a non-household/non-benefit group member.

Instructions:

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

Part II: The absent parent/grandparent who is contributing financially to the SNAP household/TANF benefit group completes this section. The DSS worker will also list the name(s) of the child(ren) by question one.