

South Carolina Department of Social Services
Family Assistance Programs
APPLICANT/RECIPIENT INFORMATION QUESTIONNAIRE

Date: _____

Case Name: _____ Case Number: _____

Person Interviewed: _____ Telephone: _____

Worker: _____ Directions to Home: _____

FI: Application Redetermination **SNAP:** Application Recertification

TO BE COMPLETED BY APPLICANT/RECIPIENT – Please read and answer the following questions about everyone in your household.

1. Does everyone listed on your application live in this county? Yes No
2. Has anyone quit working in the last 60 days? Yes No
3. Has anyone refused work? Yes No
4. Has anyone been laid off? Yes No
5. Has anyone worked in the last two years? Yes No
6. Did anyone sell, give away or transfer anything of value such as money, savings or property in the last two years? Yes No
7. Does anyone in your household (including children) have any of the following items? Please check the items that someone in your household has.

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Stocks	<input type="checkbox"/> Boats
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Bonds	<input type="checkbox"/> Land
<input type="checkbox"/> Credit Union Account	<input type="checkbox"/> Retirement Account	<input type="checkbox"/> Vehicles
<input type="checkbox"/> Savings Bonds	<input type="checkbox"/> Burial Insurance	<input type="checkbox"/> Houses or Buildings
<input type="checkbox"/> Cash	<input type="checkbox"/> Mobile Home	
8. Does anyone pay you for a room, meals or both? Yes No
9. Does anyone borrow or receive money from someone else? Yes No
10. Does anyone in your household (including children) receive money from any of the following sources? Please check the items that someone in your household has.

<input type="checkbox"/> Employment (Job)	<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Sick Benefits
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Family Independence
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Child Support	<input type="checkbox"/> Social Security	<input type="checkbox"/> Christmas Club
<input type="checkbox"/> Educational Grants/Loans	<input type="checkbox"/> Cash Contributions	<input type="checkbox"/> Other: _____
11. Does anyone have unpaid bills? Yes No
12. Is there a dependent child or teen parent not attending school? Yes No

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