

South Carolina Department of Social Services
REFERRAL FOR IV-E ELIGIBILITY DETERMINATION

To: Division of Human Services/IV-E Unit
State Office/Room 204
Columbia, SC 29202

From: _____ Title: _____
_____ County Telephone: _____

Name of Child: _____ CAPSS Person #: _____
Date of Referral: _____ Child's SSN or DOB: _____

Please send the following:

- Application for IV-E Eligibility (DSS Form 1908)
- Complaint for Removal
- Court Order (Probable Cause or other removal order)
- Voluntary Placement Agreement
- Voluntary Relinquishment
- Child Support Referral (DSS Form 2738)
- Face Sheet (DSS Form 3091)
- Verification of Birth
- Social Security Card or date SS5 completed: _____

County Representative's Signature: _____