

**South Carolina Department of Social Services
Supplemental Nutrition Assistance Program (SNAP)
CONTRIBUTION FORM**

To: _____ Recipient's Name: _____
Address: _____ Case No.: _____
_____ Case Name: _____

Please complete the items below concerning the above named individual, sign and return to:
_____ **County Department of Social Services.**

Address: _____

Worker's Name: _____ **Date:** _____

1. Do you give any money directly to the recipient? Yes No
2. For what purpose is the money given? _____
3. You Give This Money: Weekly Bi-Weekly Monthly Varies
4. How much money do you give? _____
5. How long have you been giving this money? _____
6. Is this money: A Gift A Loan Child Support Other
7. If this money is a loan, when do you expect to be repaid? _____
8. Will this continue? Yes No

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

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

10. Do you pay any bills directly for the recipient? Yes No If so, what? _____

11. Comments: _____

Your Printed Name: _____

Your Signature: _____

Telephone No.: _____