

**South Carolina Department of Social Services
NOTICE OF EXPIRATION**

Your Supplemental Nutrition Assistance Program (SNAP) and/or Family Independence (FI) benefits will expire on

To receive SNAP and/or FI without interruption, you must complete and mail this form along with all proof of information in the enclosed self-addressed envelope or take to your local DSS Office as soon as possible, but must be received by

	DATE RECEIVED – OFFICE ONLY	If you need help with this form, call:		CO. NO.	CASE NAME
					CASE NUMBER
					SNAP/FI CERT. THRU DATE

I certify that the following questions have been answered truthfully and completely under the penalty of perjury. I understand that the information given on this form may cause my FI or SNAP benefits to stop or change. I give permission for the Department of Social Services to make any necessary contacts to check my statements.

Signature: _____ Date: _____

1. Tell us where you live and how you can be reached.

Last Name:	First Name:	MI:	Daytime Phone:	
Street Address: (Include Apt./Lot No.)	City:	State:	Zip Code:	County:
Mailing Address: (If Different, Include Apt./Lot No.)	City:	State:	Zip Code:	County:

2. Tell us who lives with you. List yourself on the first line. Circle NO in the last column for those noncitizens you do not wish the agency to contact INS to verify his/her immigration status. (Use another sheet of paper to add other people if there is not enough room for everyone here.)

Name (First, Middle, Last) List names as they appear on the person's Social Security Card.	Relationship to Person on Line 1	Date of Birth	Age	Sex M/F	Is anyone Hispanic?	* Race Code (Choose one or more)	Social Security Number or Date of SS-5	Blind or Disabled	US Citizen	In School	Working	Include In Budget
1.	(Self)				Yes No			Yes No	Yes No	Yes No	Yes No	Yes No
2.					Yes No			Yes No	Yes No	Yes No	Yes No	Yes No
3.					Yes No			Yes No	Yes No	Yes No	Yes No	Yes No
4.					Yes No			Yes No	Yes No	Yes No	Yes No	Yes No
5.					Yes No			Yes No	Yes No	Yes No	Yes No	Yes No
6.					Yes No			Yes No	Yes No	Yes No	Yes No	Yes No
7.					Yes No			Yes No	Yes No	Yes No	Yes No	Yes No

(The collection of ethnic and racial information from the applicant is not mandatory; however, it is important for the purpose of determining the State's compliance with Federal civil rights laws) * Race: BL - Black or African American; WH - White; AS - Asian; AI - American Indian/Alaskan Native; NH - Native Hawaiian or Other Pacific Islander

Do you live in a drug and alcohol treatment center or rehabilitation facility (DAA)? Yes No
If yes, Name: _____ Telephone Number: _____

Do you live in a group home for blind or disabled individuals? Yes No
If yes, Name: _____ Telephone Number: _____

3. For FI only, is there any new information you need to report about the absent parent(s)? Yes No
If yes, please attach another sheet of paper with additional information, including absent parent's name(s).

4. Does anyone own any cars, trucks, other assets or land/buildings other than where you live? Yes No
If yes, for FI, what is the value? \$ _____

5. How much does the household have in cash \$ _____, checking \$ _____, and/or savings account(s) \$ _____? For FI, please provide the most recent account statement.

6. Are you or anyone who lives with you a fleeing felon or probation/parole violator? Yes No

If yes, name(s): _____

Have you or anyone who lives with you been found guilty of committing one of the following offenses after August 22, 1996:

• a drug-related felony? Yes No If yes, name(s): _____

• receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time? Yes No

If yes, name(s): _____

• trading SNAP benefits for drugs? Yes No If yes, name(s): _____

• buying or selling SNAP benefits over \$500? Yes No If yes, name(s): _____

• trading SNAP benefits for guns, ammunitions, or explosives? Yes No

If yes, name(s): _____

7. Do you or anyone who lives with you work? Yes No If yes, send in all paystubs received in the last 4 weeks. If you just started work and have not received a paystub yet, or if you do not have all paystubs, have the person who pays you complete this section. If employment has ended, please indicate reason employment ended: _____

Date of Final Check: _____ Gross Amount of Final Check: _____

For FI Only: If your employment has ended, have you applied for unemployment? Yes No

A Name of Person Working: _____					B Name of Person Working: _____						
Name and Address of Employer: _____					Name and Address of Employer: _____						
Telephone No. of Employer: _____			Fax No. of Employer: _____		Telephone No. of Employer: _____			Fax No. of Employer: _____			
DATE PAY RECEIVED			GROSS PAY	TIPS	TOTAL HOURS	DATE PAY RECEIVED			GROSS PAY	TIPS	TOTAL HOURS
MO	DAY	YEAR				MO	DAY	YEAR			
1.						1.					
2.						2.					
3.						3.					
4.						4.					

_____ Signature of Person Who Pays You Telephone No. _____ Printed Name: _____	_____ Signature of Person Who Pays You Telephone No. _____ Printed Name: _____
---	---

8. Do you or anyone who lives with you get money other than from work? Yes No

OTHER INCOME	AMOUNT	HOW OFTEN DO YOU GET THIS INCOME?	WHO GETS THIS INCOME?
Child Support (Voluntary or Court Ordered)	\$		
SSI	\$		
Social Security Benefits	\$		
Unemployment Benefits	\$		
Veterans Benefits	\$		
Other: (Explain)	\$		

9. Are you or anyone who lives with you billed for any of these expenses? Yes No

If yes, and you want to claim a deduction for the expense(s), complete the information below and send proof of the expense(s).

ITEM	WHO PAYS?	AMOUNT	ITEM	WHO PAYS?	AMOUNT
Rent		\$	Mortgage/2nd Mortgage		\$
Name of Landlord:			Land Payment		\$
Telephone No. of Landlord:			Property Taxes/Assessments Not Included In House Payments		\$
Mobile Home Rental Space/Lot		\$	Homeowner's Insurance Not Included In House Payments		\$

Do you pay to heat or cool your home? Yes No

If yes, how do you heat or cool your home? _____

Does anyone receive LIHEAP (Low-Income Home Energy Assistance Payments)? Yes No

10. Does any person pay for child care, or pay for the care of a disabled adult household member? Yes No

Send all bills and/or receipts for _____ and complete the information below for that month.

Who does the sitter care for?:		Who pays the sitter?:	
Name of Sitter:			
Cost:		How often?:	
If you do not have all bills/receipts, have sitter complete this section:			
Sitter's Signature:		Telephone No. of Sitter:	
Do you receive an SC Voucher? (Formerly ABC Child Care Voucher) <input type="checkbox"/> Yes <input type="checkbox"/> No			

11. For any person age 60 or over, or who is receiving disability benefits, send proof of new medical expenses (incurred since your last application/review). Have your recurring expenses (like prescription drugs) changed more than \$25?
 Yes No If yes, send proof.

12. Do you pay child support to someone outside of your home? Yes No

For SNAP, a court order is required. If you pay child support and you want to claim a deduction for these payments, send a copy of the court order and proof of the payments you made during the last 4 weeks, or a printout from family court. If you do not provide proof, we cannot give you a deduction.

For FI, send proof of the payment amount made during the last 4 weeks. If you do not provide proof, we cannot give you a deduction.

SNAP Warnings and Penalties

- **DO NOT buy ineligible items such as alcoholic beverages or tobacco with SNAP benefits.**
- **DO NOT use your EBT card to pay for food charged to a credit account.**
- **Violators of the above rules may not be able to get SNAP benefits for a period of 1 year to permanently and may be fined up to \$250,000 or imprisoned up to 20 years or both. A court can also add an additional 18-month SNAP participation restriction for an individual.**
- **DO NOT buy or sell firearms, ammunition or explosives with SNAP benefits; if you do, you can never get SNAP benefits again.**
- **DO NOT buy or sell illegal drugs with SNAP benefits; DO NOT trade, sell or alter Electronic Benefit (EBT) cards; if you do, you cannot get SNAP benefits for 24 months for the 1st offense and permanently for the 2nd offense.**
- **DO NOT trade, sell or share EBT cards or SNAP benefits. If a court of law finds you guilty of selling benefits of \$500 or more, you will be permanently ineligible to participate in the program for the first offense.**
- **DO NOT receive SNAP benefits in more than one state for the same month. Any individual found to have made a fraudulent statement, or fraudulent representation of identity or residence in order to receive benefits shall be ineligible to receive SNAP benefits for 10 years.**
- **Any member of your Household who intentionally breaks the rules may not get SNAP for 12 months for the first offense, 24 months for the second offense and permanently for the third offense.**

Recertification/Redetermination Form

This form will be considered filed as long as it contains a legible name, address, and signature.

- Answer all questions on this form. If you do not have enough space on the form for your answers you may attach an additional sheet of paper.
- Forms received after the due date, or without the requested proof, will be considered late/incomplete and may delay your SNAP/FI benefits for the following month.
- Failure to report or verify any deductible expenses will be seen as a statement that your household does not want to receive a deduction for the expense.
- DSS does not share Social Security Numbers (SSNs) or citizenship/immigration status for non-applicants and individuals ineligible for benefits with the US Department of Homeland Security.
- DSS will use SSNs in the state income and eligibility verification system and other computer matching and program reviews. This information may be verified through other sources when discrepancies are found and may also affect your household's eligibility and benefit level.
- This information, including the Social Security Number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2008. This information will also be used to monitor compliance with program regulations and for program management. Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of SNAP benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible members.
- You have a right to an appeal and to request a fair hearing. If you disagree with the benefits you get from us, or if your benefits have been denied or stopped, you can ask for a Fair Hearing. At a Fair Hearing both you and DSS will tell a Hearing Officer what has happened in your case. The Office of Administrative Hearings will then send you a decision on your case.

The ePAY card should not be used in any electronic transaction:

- in any liquor store;
- casino, gambling casino or gaming establishment; or
- retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.

Non-Discrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs.

The U.S. Department of Agriculture also prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint Form, found online at www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, DC 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

USDA and HHS are equal opportunity providers and employers.

You may also file a complaint of discrimination by contacting DSS. Write DSS Office of Civil Rights, P.O. Box 1520, Columbia, SC 29202-1520; or call (800) 311-7220 or (803) 898-8080 or TTY: (800) 311-7219.