## **South Carolina Department of Social Services**

## **NOTICE OF EXPIRATION**

Your Supplemental Nutrition As (TANF) benefits will expire on	sistance Prog	ram (SNAP) and/o	or Temporary	Assistan	ce for N	Needy Fam	ilies	
To receive SNAP and/or TANF winformation or take to any DSS Of					form ald	ong with al	ll proof of	
If you need help with this form,	please call 1-8	800-616-1309.						
				CO. NO.		CASE NAM	1E	
DATE RECEIVED – 0	OFFICE ONLY	OFFICE USE						
		Yes			CASE NUMBER			
			ot Enough in.o.					
					QNIΔD/T	VNE CEBT .	THRU DATE	
					SINAF/ I	ANT CERT.	IUVO DAIF	
SECTION 1: Tell Us About Yourse	lf							
Last Name:		First Name:				MI:	Suffix:	
Home Phone No.:	Cell Phone No.:		Another telepho you can be con		er where	Best tin	ne to call:	
WHERE DO YOU LIVE								
Street Address: (Include Apt./Lot No.)		City:	State:	Zip C	ode:	County:	County:	
Have you moved since your last app	plication or rene	ewal? 🗌 Yes 🗆	] No					
IF YOU RECEIVE YOUR MAIL SOME	PLACE ELSE, PI	LEASE FILL IN SEC	TION BELOW.					
Mailing Address: (If Different, Include A	State:	Zip (	Code:	County:				
Is this a new mailing address?	Yes □ No	•	•	·				
I certify that the questions above and of perjury. I understand that the informative permission for the Department of	rmation given o	n this form may cau	ise my SNAP or	TANF be	nefits to	stop or cha		
SIGNATURE:			D	ATE:				

### **SECTION 2: Tell Us About Your Household Members**

List everyone who lives with you. Answer all questions in the table below for each household member. Verification of information about all household members may be required. You only have to provide the SSN or date of SS-5 and citizenship/immigration status of the persons for whom are applying. SSN and citizenship/immigration status is voluntary for non-applicants and ineligible persons in your household.

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	His- panic or Latino	Race Code (Choose one or more)	Social Security Number or Date of SS-5	Blind or Dis- abled	US Citi- zen	In School	ina	Include in Budget
4	(0 - 14)				Yes			Yes	Yes	Yes	Yes	Yes
1.	(Self)				No			No	No	No	No	No
					Yes			Yes	Yes	Yes	Yes	Yes
2.					No			No	No	No	No	No
					Yes			Yes	Yes	Yes	Yes	Yes
3.					No			No	No	No	No	No
					Yes			Yes	Yes	Yes	Yes	Yes
4.					No			No	No	No	No	No
					Yes			Yes	Yes	Yes	Yes	Yes
5.					No			No	No	No	No	No
					Yes			Yes	Yes	Yes	Yes	Yes
6.					No			No	No	No	No	No
					Yes			Yes	Yes	Yes	Yes	Yes
7.					No			No	No	No	No	No

Race: BL - Black or African American; WH - White; AS - Asian; AI - American Indian/Alaskan Native; NH - Native Hawaiian or Other Pacific Islander The collection of ethnic and racial information from the applicant is voluntary and will not affect eligibility or the level of benefits the applicant may receive. The information is collected to assure that the program benefits are distributed without regard to race, color, or national origin.

1.	Is anyone listed above pregnant? ☐ Yes ☐ No If yes, who: Due date:										
2.	. Is anyone living in a special setting such as a shelter for battered women and children, homeless shelter, drug or alcohol treatment or rehabilitation facility (DAA), group home for blind or disabled individuals (GLA), or other institution?   Yes  No										
	If yes, who:Type of Facility:										
	Facility Name:Telephone Number:										
3.	Is anyone in your household a <u>regular</u> participant in a drug or alcohol program? ☐ Yes ☐ No (If yes, send proof) If yes, who:										
4.	Does anyone own any cars, trucks, other assets or land/buildings other than where you live? ☐ Yes ☐ No If yes, for TANF, what is the value? \$										
5.		ehold have in cash \$, on the most recent bank account state.		, and/or savings	account(s) \$?						
6.		es with you a fleeing felon or pro	•	ator? ☐ Yes ☐	] No						
7.	<ul><li>A drug-related felony? □</li><li>Receiving TANF (cash be</li></ul>	es with you been found guilty of c Yes   No   If yes, who: nefits) or SNAP benefits from two	<del>-</del>								
	If yes, who:										
	•	or drugs?  Yes  No If yes,									
	Trading SNAP benefits for	enefits over \$500?  Yes  rguns, ammunitions, or explosiv	res? ☐ Yes ☐ N	lo							
ls If	s there any new information f yes, please complete the ta	Assistance for Needy Families you need to report about the all able below and list the additiona ation, including absent parent's r	bsent parent(s)?		, attach another sheet of						
	Absent Parent's Na	me, Last Known Address and Phor	ne Number:	Date of Birth	Social Security No.						
<u> </u>	. (1.1. (1	Employer's Name	Employ	l er's Address	Employer's Phone No.						
	Is this the child's legal Parent?										
H	Chil	l d(ren)	Child(ren)								
-	Absent Parent's Na	me, Last Known Address and Phor	l ne Number:	Date of Birth	Social Security No.						
	- ABSONCT GLONGS TO	- Last thom? taaroos and thor	io riambor.	Date of Birth	Coolai Cooanty 110.						
		Faralassada Nama			Familia de Diseas Na						
ls	s this the child's legal Parent?	Employer's Name	Employ	er's Address	Employer's Phone No.						
	□Yes □No										
	Chil	d(ren)		Child(ren)							

I do hereby attest under the penalty of perjury that the above information is true and correct to the best of my knowledge and belief and is given for the purpose of receiving services under Title IV-D of the Social Security Act. By signing this DSS Application for Public Assistance, I understand that these assertions are true and will be used in legal pleadings against the absent parent.

## **SECTION 4: Tell Us About Your Household Income**

1.	<ol> <li>Are you or anyone in your household working?           ☐ Yes ☐ No If yes, send in all paystubs received in the last 4 weeks. Complete the table below for each household member currently working.</li> </ol>														
	<b>Note:</b> If you do not receive payment in the form of money for your work (in-kind or with an established volunteer organization), or just started work and have not received a paystub yet, or if you do not have all paystubs, have the person you work for complete this section.														
	If employment has ended, please indicate the reason employment ended and the former employer:														
Date of Final Check: Gross Amount of Final Che								al Check:	\$						
	If yo	ur en	nploym	nent has er	nded	d, have you ap <sub>l</sub>	plied for uner	mplo	oyme	ent?	□Yes	₃ □ No			
Na	me of	Pers	on Wor	rking:				Na	ıme (	of Pe	rson Wo	orking:			
Na	me ar	nd Ad	dress o	of Employer:	1			Na	me a	and A	ddress	of Employe	r:		
Те	lepho	ne Nu	mber c	of Employer:	Fax	x Number of Em	ployer:		lepho		lumber	of	Fax	Number of Emp	loyer:
			-			(es:\$		An	noun	nt Eac				xes:\$	
		-		•		Twice a Month	•			•		•		Twice a Month	•
	REC	DAY		. GROSS F	'ΑΥ	TIPS	TOTAL HOURS		RE	TE P. CEIV DAY		GROSS P	'ΑΥ	TIPS	TOTAL HOURS
1.								1.							
2.								2.							
3.								3.							
4.								4.							
Pri	inted l			r Signature		Telepl	hone No.	Employer Signature Telephone No.  Printed Name:							
				b		dd 40 40									
۷.	If ye	s, wh	10:	unable to		d, aged 18-49, ork?	unable to we	Ork :	· _	_ res					Why
3.	<ol> <li>Do you or anyone who lives with you get money other than from work?  ☐ Yes ☐ No If yes, complete the table below.</li> </ol>														
OTHER INCOME AMOUNT HOW OF					HOW OFT GET THI					WHO	GET	S THIS INCOME	Ξ?		
Child Support (Voluntary or Court Ordered) \$															
SSI \$															
Social Security Benefits \$															
Unemployment Benefits \$															
Veterans Benefits \$															
	her: (plain)				\$										

#### **SECTION 5: Tell Us About Your Household Expenses**

Please tell us about any expenses that you or anyone who lives with you pays for and send proof of the expenses.

ITEM	WHO PAYS?	AMOUNT	ITEM		WHO PAYS?	AMOUNT
Rent		\$	Mortgage			\$
Condominium Fees		\$	2nd Mortgage			\$
Name of Landlord:						
			Land Payment			\$
Telephone No. of Landlo	rd:	Property Taxes/Ass Not Included In House			\$	
Mobile Home Rental Space/Lot		\$	Homeowner's Insura Included In House F			\$
1. Do you pay to heat		es 🗌 No	)			
	heat or cool your home?					
<ol><li>Does your househousehousehousehousehouse</li></ol>	old receive LIHEAP (Low-Ind	come Home	Energy Assistance	Program)	payments?	Yes 🗌 No
If you answered NC \$	to both of the questions abor	ve, what is th	e amount of your m	onthly utilitie	s other than pho	one?
3. Does any person p	ay for child care, or pay for t	he care of a	disabled adult hous	sehold men	nber? Tyes	∏No
	r receipts for the dependent					
Who does the sitter ca			Who pays t			
Name of Sitter:						
Cost:			How often?	):		
If you do not have all b	oills/receipts, have sitter com	plete this se	ction:			
Sitter's Signature:		•		Phone No.	of Sitter:	
Do you receive an SC	Voucher? (Formerly ABC Child	Care Voucher)	□ <sub>Yes</sub> □ <sub>N</sub>	0		
	our household pay child s \$		☐ Yes ☐ No	Is it co	ourt ordered? [	⊒Yes □ No
	ousehold is disabled or over nce yourlast application/rec				nedical expense please send pi	

### **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 1<sup>st</sup> offense and permanently for the 2<sup>nd</sup> 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.





# South Carolina Department of Social Services VOTER PREFERENCE FORM

if you are not registered to vote where you live now, would you like to app	by to register to vote?
(Please check one)	
☐ <b>Yes</b> , I would like to register to vote.	
☐ I am registered, but <b>not</b> at my <b>current</b> address.	
□ No, I am registered at my current address.	
□ <b>No</b> , but I will use the Voter Registration Mail Application.	
□ <b>No</b> . I do not wish to register to vote at this time.	
□ No. I am not eligible to vote.	
■ No. I am refusing to register.	
IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DO TO VOTE AT THIS TIME.	ECIDED NOT TO REGISTER
Signature of Applicant/Declinee	Date

#### **Important Notices**

- If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the following: Executive Director at South Carolina Election Commission, 1122 Lady St. Suite 500, P.O. Box 5987 Columbia, SC 29205 or call 803-734-9060, fax to 803-734-9366, or email elections@elections.sc.gov. This address is for complaints only regarding your right to vote.
- If you would like help in filling out the voter registration application, we will help you. The decision whether to seek or accept help is yours. For assistance in completing the voter registration application form outside our office, call 1-800-616-1309.
- Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.
- If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

## **RETURN FORMS TO DSS:**

South Carolina Department of Social Services Centralized Scan Center P.O. Box 100203 Columbia, SC 29202-3203

#### Renewal/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.
- You have the right to receive an application form upon request.
- Forms received after the due date, or without the requested proof, will be considered late/incomplete and may delay your SNAP/TANF benefits for the following month. If you need help in getting the requested proof, call the telephone number on the first page of this form.
- 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.
- If a large letter "A" <u>or</u> "C" is listed on the top of the first page of this form, then benefits will not be issued without an interview. You will receive a letter in the mail with instructions on completing your interview after you file this form with DSS. Failure to complete your interview may result in a delay or denial of benefits.
- The information that you give to DSS will be kept confidential. However, the Information may be disclosed to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending fleeing felons or probation/parole violators. You agree that confidential information about you and/or your family may be released to other organizations if it is directly related to the operation of TANF and/or SNAP.
- 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. You may speak for yourself at the hearing. You may also bring a
  friend, relative, or lawyer to speak for you. 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.

#### **Report Changes**

- You must report certain changes in your circumstances to DSS.
- Your failure to report changes is considered to be withholding of information and will permit DSS to recover any benefits paid to you in error.
- You may report in writing, by phone, electronically or by use of the Change Report Form to report changes between recertification/redeterminations.

#### **SNAP**

For households who are required to recertify every six months, you must report when your total gross income exceeds 130 % of the federal poverty level, when an ABAWD in your SNAP household is no longer meeting the work requirement hours, or when a member of your household wins lottery or gambling winnings equal to or greater than \$3500 from a single game before taxes or other withholdings. These changes must be reported by the tenth day of the month after the month of the change. All other changes must be reported at recertification.

## Temporary Assistance for Needy Families Program (TANF) and Refugee Cash Assistance Program (RCA)

Report these changes within 10 days:

• Change in any income, hours of employment, rate of pay or new source of income, change in your address or residence, person(s) moving in or out of your home.

#### Report this change within 5 days:

• Any household member temporarily living away from the household who has decided not to return to the household.

#### 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 or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027), found online at: <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
  Office of the Assistant Secretary for Civil Rights
  1400 Independence Avenue, SW
  Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

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 <u>State Information/Hotline Numbers</u> (click the link for a listing of hotline numbers by State); found online at: <a href="http://www.fns.usda.gov/snap/contact">http://www.fns.usda.gov/snap/contact</a> 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, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

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) 331-7220 or (803) 898-8080 or TTY: (800) 311-7219.