



## South Carolina Department of Social Services

### APPLICATION FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), AND/OR REFUGEE CASH ASSISTANCE (RCA)

#### Assistance with Filing an Application

- If you need help in filling out this application due to a disability, need an interpreter, or need translation services, please ask for assistance at any DSS Office.
- To obtain the address or phone number of any DSS Office, call toll free: 1-800-616-1309 or view online at [www.dss.sc.gov](http://www.dss.sc.gov).
- Your application is considered valid as long as it contains the name, address, and signature of a responsible household member or the household's authorized representative.

Solicitudes en español están disponibles en su oficina local del DSS o usted puede llamar al 1-800-616-1309 para pedir que se le envíe una por correo.

#### Fraud

- **The information that you give DSS may be verified by federal, state, or local officials to determine if the information is correct.**
- **If you give DSS information that is found to be incorrect for TANF or SNAP, your case may be denied or closed.**
- **You may be subject to prosecution under federal and state laws for giving incorrect information.**

#### Social Security Numbers – Citizenship – Immigration Status

Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) Applicants:

- You must provide or apply for a social security number (SSN) and citizenship/immigration status for **all** family members whom you want cash benefits or SNAP benefits. Immigration status may be subject to verification by United States Citizenship and Immigration Services (USCIS). The social security number is not required to file an application for Refugee Cash Assistance (RCA) benefits. The refugee may provide a copy of the SS-5 until the card is received.
- Benefits will not be provided to individuals who do not provide, or show proof of application for, their social security number and citizenship/immigration status.
- Social security numbers are not required for non-applicants or persons ineligible for SNAP or cash benefits; however, the proof of income must be provided for **all** members of the SNAP household and/or TANF benefit group.
- If we need information on a person for whom you did not provide information, a DSS worker will contact you to discuss the requirements.
- DSS does not share SSNs or citizenship/immigration status for non-applicants and individuals ineligible for benefits with the US Department of Homeland Security.
- DSS will use social security numbers 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.

## DO NOT SEND APPLICATIONS TO USDA OR HHS.

### USDA-HHS NON-DISCRIMINATION STATEMENT

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), 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. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who 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.

#### CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: [https://www.usda.gov/sites/default/files/documents/USDA-OASCR\\_P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf](https://www.usda.gov/sites/default/files/documents/USDA-OASCR_P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), 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:** Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** [FNCSIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNCSIVILRIGHTSCOMPLAINTS@usda.gov).

For any other information regarding 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: [SNAP hotline](#).

#### CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form online through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: [OCRmail@hhs.gov](mailto:OCRmail@hhs.gov). For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

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

This institution is an equal opportunity provider.

**DO NOT SEND APPLICATIONS TO USDA OR HHS.**

## **YOUR RIGHTS AND RESPONSIBILITIES**

### **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Refugee Cash Assistance (RCA)**

#### **Confidentiality**

The information that you give to DSS will be kept confidential.

#### **Exceptions:**

1. 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.
2. 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 SNAP, TANF, and RCA.

#### **Social Security Numbers**

In order to receive benefits from the SNAP, TANF, and other programs:

- You must provide or apply for a social security number (SSN) for those persons who want to receive SNAP and/or TANF. Although SSNs are not required for non-applicants or persons ineligible for SNAP or TANF, income information must be included for all Household (HH)/Benefit Group (BG) members.
- If DSS needs the SSN on a person for whom you did not provide information, a DSS worker will contact you to discuss the reasons for requesting the number and what will happen if you do not give DSS the number.
- SSNs will be used in computer matching programs and other reviews, and you cannot receive benefits for individuals in which an SSN is not provided.
- If you do not have an SSN for an applicant, it will not delay your application, provided he/she applies for one immediately. DSS will help you apply for an SSN.
- DSS will not share or give SSNs of non-applicants or individuals ineligible for benefits with the U.S. Department of Homeland Security.

#### **Citizenship and Immigration Status**

- You must provide citizenship and immigration status information for those persons who want to receive SNAP, TANF, or RCA.
- DSS will not share the citizenship and immigration status of non-applicants or individuals ineligible for benefits with the U.S. Department of Homeland Security. However, information provided by applicant household members may be submitted to United States Citizenship and Immigration Services (USCIS) for verification of immigration status. The information received from USCIS may affect the household's eligibility and benefit level.

#### **Assignment of Child Support**

- Support for TANF eligible children must be assigned to DSS.
- DSS may take action to collect child support from both maternal and paternal grandparents if the child's parent(s) are under age 18 and receive TANF.

#### **Paternity Establishment**

- In order to receive benefits from the TANF Program, you must cooperate with the Child Support Services Division (CSSD) in establishing paternity and obtaining child support for your children.
- If you have a good reason to believe cooperation may cause harm to you or your child(ren) ask your case manager about establishing "good cause" for failure to cooperate.

#### **Quality Control Reviews**

You have the responsibility to fully cooperate with state and federal personnel if they are conducting a Quality Control (QC) review of your SNAP case. Failure to do so may result in your case being closed.

#### **Work/Training Program Requirements**

- To receive TANF or RCA benefits, you must participate in a work or training program, unless you are exempt from the work program requirement.
- To receive SNAP benefits, some household members must register for work. By signing your application, you will be considered to have registered all household members required to be registered. What this means is that the household must do the following for those identified as registered for work:
  1. Provide sufficient information of job status and availability, when requested.
  2. Accept a suitable job of 30 or more hours weekly, if offered.
  3. Not voluntarily quit a job of 30 hours or more; or reduce work hours.
- To receive SNAP benefits, some household members identified as Able-Bodied Adults Without Dependents (ABAWDs) must meet work requirements and are subject to time-limited benefits.

#### **Time Limits**

- TANF benefits may be time limited.
- RCA is limited to 8 months from the date of arrival in the U.S.
- SNAP benefits may be limited to 3 months in a 36-month period for ABAWDs.
- The receipt of benefits in one program has no effect on the time limits in another program.

#### **Verification**

- A DSS worker may need to contact other people or organizations (neighbors, banks, employers, etc.) to verify your income, work program/employment status, bank accounts, citizenship/immigration status, medical/shelter expenses, insurance/retirement benefits, medical history and any other fact that relates to your eligibility for SNAP, TANF, or RCA benefits.
- For SNAP, failure to report or verify any deductible expenses will be considered as a statement that your household does not want to receive a deduction for the unreported expense.

#### **Benefit Repayment**

- **You may be required to repay benefits you received from TANF (including childcare and transportation), RCA and SNAP benefits that you should not have received even if you received them through no fault of your own.**
- DSS may apply any benefits removed from your inactive EBT account to repay an outstanding SNAP claim(s).
- DSS seeks repayment of claims from any federal and/or state tax refunds that may be due you. The information that you give DSS, including SSNs, may be referred to federal/state agencies for claims collection action.

#### **Fair Hearings**

- If you do not agree with a decision made in your case, you may request a Fair Hearing, orally or in writing for SNAP, TANF and RCA, by contacting your county DSS office or SCDSS, Division of Individual and Provider Rights, P.O. Box 1520, Columbia, SC 29202-1520, 1-800-311-7220 for TANF and SNAP.
- **You may speak for yourself at the hearing. You may also bring a friend, relative, or lawyer to speak for you.**
- To request continuation of your TANF, RCA or SNAP benefits, while you wait for the hearing, the request must be made within 10 days from the date of the notice you receive reducing or stopping your benefits.
- If the hearing decision is not in your favor, the benefits will have to be repaid.
- The maximum time to request a hearing after you receive a notice reducing or stopping your benefits is: 60 days for TANF and RCA and 90 days for SNAP benefits.

## Application Filing Instructions

- Your application is considered valid as long as it contains the name, address, and signature of a responsible household member or the household's authorized representative. Benefits are provided within 30 days from the date the application is received by the agency. If you are applying for SNAP benefits, your eligibility will be determined separately from any other programs and will not be denied solely because benefits from other programs have been denied. The Agency will process all SNAP applications in accordance with SNAP timeliness, notice, and fair hearing requirements, even if you are applying for other programs.
- If you are a resident of an institution and jointly apply for SSI and food assistance prior to leaving the institution, the filing date of the application is your date of release from the institution. Processing time will begin from the date the application is received in the Department of Social Services.
- Please fill in all the blanks you can. If you need help or do not understand a question, a DSS worker can help you.
- Make sure you PRINT YOUR NAME, PRINT TODAY'S DATE, and SIGN THE APPLICATION.
- Please tear off pages 1-6 and keep for yourself. Return pages 7-13 of this application to DSS. Once your application has been received by the agency, you will be given a phone number to call for an interview no later than 10 days from the date your application is received. You may request a face-to-face interview with a worker in the county where you live if you want. You may bring someone with you to the interview who can help you. If an interpreter is needed, DSS will provide one at no cost to you.
- Mail, fax, e-mail or take this application to the Department of Social Services (DSS).
- To get the address of your county DSS office, call toll free: 1-800-616-1309 or view online at [www.dss.sc.gov](http://www.dss.sc.gov).

## Report Changes

- You must report certain changes in your circumstances to DSS.
- Your failure to report changes is considered 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 recertifications/redeterminations.

## SNAP Changes

- You must report when your total gross income exceeds 130% of the federal poverty level, when a household member who is an ABAWD has work hours that fall below 20 hours weekly or 80 hours when averaged monthly, or when a member of your household wins lottery or gambling winnings equal to or greater than \$4250 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.

## TANF and RCA Changes

You must report the following changes within 10 days:

- Employment Status (starting or losing a job)
- Unearned Income (amount or source)
- Change in Residence or Address
- Change in Benefit Group Composition

## 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 receive SNAP benefits for a period of one 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 receive 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 receive SNAP benefits for 24 months for the first offense and permanently for the second 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 receive SNAP for 12 months for the first offense, 24 months for the second offense and permanently for the third offense.
- DO NOT receive SNAP benefits in the same month. Any individual found to have made a fraudulent statement or fraudulent representation of program participation in order to receive benefits shall be ineligible to receive SNAP benefits for 12 months on the first offense, 24 months for the second offense, and permanently for the third offense.

## TANF ePAY Card Restrictions

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.

## Temporary Assistance for Needy Families Information and Referral Services

- SNAP households with income at or below 130% of the federal poverty level (FPL) are authorized to receive the South Carolina Temporary Assistance for Needy Families Information and Referral Services brochure.
- This brochure may be requested from any local office or by calling 1-800-616-1309 to request a brochure to be mailed to you.

## Refugee Cash Assistance Program (RCA)

- Refugee Cash Assistance is limited to eight (8) months from the date of arrival in the U.S.
- The RCA benefit amount is the same as the benefit amount for TANF.
- RCA is only available to adult refugees without minor dependent children.
- Your application for RCA will be completed at the local DSS office but the payment will be mailed to you from the office in Columbia, SC.

**Supplemental Nutrition Assistance Program (SNAP)  
Able-Bodied Adults without Dependents (ABAWD) Information**

An ABAWD is an able-bodied individual, 18 years of age or older but under 53, who has no household member(s) in the SNAP budget under the age of 18. An ABAWD can only receive three (3) months of SNAP benefits in a three (3) year period unless also meeting the ABAWD work requirement or an exception to the work requirement.

**ABAWD Work Requirement:**

- Work at least 20 hours weekly, averaged as 80 hours monthly (in exchange for money, in-kind benefits, or with an established volunteer agency); or
- Participate in and comply with requirements of a work program at least 20 hours weekly, averaged as 80 hours monthly (such as SNAP E&T, WIOA, etc.); or
- Any combination of working and participating in a work program at least 20 hours weekly, averaged as 80 hours monthly; or
- Participating in or complying with a workfare program.

**Exceptions to ABAWD Work Requirement:**

- Physically or mentally unable to work; or
- Pregnant; or
- Veteran; or
- 24 years old or younger and aged out of foster care; or
- Considered homeless (as defined by Federal regulations); or
- Already meeting an exemption from the General Work Requirements (caretaker for someone, regular participant in a drug or alcohol program, student enrolled at least half-time, receiving unemployment benefits, or applied for but not yet receiving unemployment benefits).

An ABAWD who has already received three (3) months of benefits during this three (3) year period may regain eligibility by providing proof of meeting the work requirement for 30 consecutive days, meeting an exception, or when the three (3) year period starts over again.

## Application Checklist

The SNAP/TANF Eligibility Checklist is designed to provide examples of some of the information that may need to be verified in order to determine your eligibility for SNAP/TANF benefits. Please be aware that a DSS worker may request additional information during the interview. You may mail, fax, or drop off this information at any DSS office.

### **IF APPLYING FOR SNAP ONLY**

- Identification of person applying and authorized representative, if applicable. Examples include: driver's license, state ID card, work or school ID, ID for health benefits, assistance from another social services program, other acceptable forms of ID, or voter registration card.
- Social security numbers for each family member for whom you are applying, both children and adults.
- Income: Pay stubs for the last four (4) weeks of work, if you are currently working, or most current tax returns if self-employed (Please send entire tax return). Verification of the last four (4) weeks of child support payments if you are receiving child support. Copies of award letters for unemployment, Social Security, Retirement, etc.
- Household expenses: Lease agreement, rent or mortgage payment receipts and utility bills (*optional*).
- Medical expenses for anyone disabled or aged 60 or older. Examples include: Medical bills, prescription co-pays, health insurance premium receipts, mileage to and from doctor appointments, etc.

### **IF APPLYING FOR TANF ONLY**

- Birth certificates for you and your children
- Social security numbers for each family member for whom you are applying-children and adults.
- Identification of person applying and of the authorized representative, if applicable. Examples include: driver's license, state ID card, work or school ID, ID for health benefits, assistance from another social services program, other acceptable forms of ID, or voter registration card.
- Income: Pay stubs for the last four (4) weeks of work, if you are currently working, or most current tax returns if self-employed (Please send entire tax return). Copies of award letters for unemployment, Social Security Administration (SSA) benefits, Veteran's Administration (VA) income, retirement, etc.
- Bank/financial account statements, if applicable. Examples include, but are not limited to, statements for: checking, savings, money market, saving certificate, trust funds, Individual Retirement Accounts (IRA), and/or any other bank/financial account.
- Vehicle registration or personal property tax information, if applicable.

### **IF APPLYING FOR SNAP AND TANF**

Please provide as many of the verification items listed above.

**DSS USE ONLY**

<input type="checkbox"/> New Application	<input type="checkbox"/> Reapplication	<input type="checkbox"/> Recertification	Expedited Screener's Name:	Dated Filed:
<input type="checkbox"/> TANF Redetermination	<input type="checkbox"/> Add TANF BG Member	<input type="checkbox"/> Cure Sanction		
CHIP Case Number:	Worker:	Expedited? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Enough Info.		

*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.*

**Expedited Service Information**

- You may receive SNAP benefits within 7 calendar days if: your SNAP household has less than \$150 in monthly gross income and liquid resources such as cash, checking or savings accounts are less than or equal to \$100 or your rent/mortgage and utilities are more than your household's combined monthly income and liquid resources, or a member of your household is a migrant or seasonal farm worker who is considered destitute.
- Failure to answer the questions on this application may result in our inability to determine your eligibility for expedited service.

**PLEASE PRINT CLEARLY.**

**Section 1: Interpreter, Translation, and Authorized Representative Information**

Do you need an interpreter?  Yes  No **If yes**, what language do you use the most? \_\_\_\_\_

Do you need translated material?  Yes  No **If yes**, what language do you use the most? \_\_\_\_\_

Are you deaf or hard of hearing? **If yes**, and you need assistance when communicating, please check all that apply:

TTY/Video Relay  Sign Language  Other \_\_\_\_\_

*You may designate someone to help you with the application and interview. This person should know your household's situation well enough to give any information needed to determine eligibility. You are still responsible for the information that anyone acting as your authorized representative gives, including any information that may be incorrect.*

Would you like for someone not in your household to complete this application or interview for you as your authorized representative?

Yes  No **If yes**, tell us who and sign below:

Name of Representative: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature of Applicant/Client: \_\_\_\_\_

*You may designate a second person or use the same person to assist you with utilizing benefits on your EBT card on your behalf.*

Name of Second Representative: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature of Applicant/Client: \_\_\_\_\_

Signature of two witnesses, if signed with an "X": (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Section 2: For which program(s) are you applying?**

Supplemental Nutrition Assistance Program (SNAP)  Refugee Cash Assistance (RCA)

Temporary Assistance for Needy Families (TANF)

**Section 3: Tell us about yourself.**

Last Name:	First Name:	Middle Initial:	Suffix:
Home Phone Number:	Cell Phone Number:	Another Telephone Number Where You Can Be Contacted:	Best Time to Call:

**Where do you live?**

Street Address: (Include Apt./Lot No.)	City:	State:	Zip Code:	County:
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**If you receive your mail someplace else, please complete the section below.**

Mailing Address: (If different, Include Apt./Lot No.)	City	State:	Zip Code	County:
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**IMPORTANT: Please read and sign this statement/application.**

I certify under penalty of perjury that the information I or my authorized representative has provided on this application, including information concerning citizenship and immigration status, is true to the best of my knowledge. I give permission for the Department of Social Services to make any necessary contacts to check my statements. I know that I could be penalized if I knowingly give false information. I certify I received the *Your Rights and Responsibilities* handout included in this application packet.

Signature of Applicant/Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of two witnesses, if signed by an "X": (1) \_\_\_\_\_ (2) \_\_\_\_\_

### Section 4: Tell us about you and your household members.

- List everyone who lives with you. Answer all questions 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 you are applying. SSN and citizenship/immigration status are 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	Social Security Number or Date of SS-5	Race Code (Choose one or more.)	Hispanic or Latino	Blind or Disabled	US Citizen	Working
1.	(Self)						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Race: BL - Black or African American; WH - White; AS - Asian; AI - American Indian/Alaska 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

Please provide information below if you or anyone in your household is a student.

Name of Student	Current or Last Grade Level Completed	Name of School	Enrollment Status
			<input type="checkbox"/> Less Than Half-Time <input type="checkbox"/> Half-Time <input type="checkbox"/> Full-Time
			<input type="checkbox"/> Less Than Half-Time <input type="checkbox"/> Half-Time <input type="checkbox"/> Full-Time
			<input type="checkbox"/> Less Than Half-Time <input type="checkbox"/> Half-Time <input type="checkbox"/> Full-Time
			<input type="checkbox"/> Less Than Half-Time <input type="checkbox"/> Half-Time <input type="checkbox"/> Full-Time
			<input type="checkbox"/> Less Than Half-Time <input type="checkbox"/> Half-Time <input type="checkbox"/> Full-Time

Indicate any other people who live in the same house with you, but you do not want included in your SNAP household because they do not purchase and prepare food with you or those noncitizens who do not wish the agency to contact USCIS to verify their immigration status. (Use another sheet of paper to add other people if there is not enough room for everyone here.)

Name	Age	Relationship to You	Does this person give you or anyone listed above any money?		Does this person pay any part of the household bill(s)?	
			Yes/No	If yes, reason?	Yes/No	If yes, what bill(s)?
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	



**Tell us about you and your household members (Continued from Page 8).**

1. Have you or anyone for whom you are applying received TANF before?  Yes  No  
**If yes:**  
• In which state(s) did you and/or your household member(s) receive TANF benefits? \_\_\_\_\_  
• When were TANF benefits last received? \_\_\_\_\_  
• Which household member(s) received TANF benefits? \_\_\_\_\_  
• Do you still have a South Carolina ePay card?  Yes  No
2. Have you or anyone for whom you are applying received SNAP before?  Yes  No  
**If yes:**  
• In which state(s) did you and/or your household member(s) receive SNAP benefits? \_\_\_\_\_  
• When were SNAP benefits last received? \_\_\_\_\_  
• Which household member(s) received SNAP benefits? \_\_\_\_\_  
• Do you still have a South Carolina EBT card?  Yes  No
3. Have you or anyone in your household received \$4250 or more in lottery or gambling winnings (at one time) within the last 12 months?  
**If yes, who?** \_\_\_\_\_ **When?** \_\_\_\_\_
4. Are you or anyone in your household a fleeing felon or probation/parole violator?  Yes  No  
**If yes, who?** \_\_\_\_\_
5. Have you or anyone in your household been found guilty of a state or federal drug-related felony (possession, use, and/or distribution) committed after August 22, 1996?  Yes  No  
**If yes, who?** \_\_\_\_\_
6. Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP benefits in two or more states at the same time?  Yes  No  
**If yes, who?** \_\_\_\_\_
7. Have you or anyone in your household been found guilty of committing one of the following offenses after September 22, 1996?  
• Trading SNAP benefits for drugs  Yes  No  
**If yes, who?** \_\_\_\_\_  
• Buying or selling SNAP benefits over \$500?  Yes  No  
**If yes, who?** \_\_\_\_\_  
• Trading SNAP benefits for guns, ammunitions, or explosives?  Yes  No  
**If yes, who?** \_\_\_\_\_
8. Have you or anyone in your household been convicted after February 7, 2014, of aggravated sexual abuse, murder, exploitation of a child, sexual assault as defined in the Violence Against Women Act of 1994, or a similar state law **and** is **also not in compliance with the terms of the sentence(s)**?  Yes  No  
**If yes, who?** \_\_\_\_\_
9. Are you or anyone in your household living in any of the following special settings:  
• **Shelter for battered women and children;**  Yes  No  
• **Homeless shelter;**  Yes  No  
• **Drug addiction or alcoholic (DAA) treatment or rehabilitation facility;**  Yes  No  
• **Group living arrangement (GLA) for blind or disabled individuals;**  Yes  No  
• **Other institution?**  Yes  No  
  
**If you or anyone in your household is living in a special setting listed above, please provide the information below. Who lives in a special setting?** \_\_\_\_\_ **Facility Type:** \_\_\_\_\_  
**Facility Name:** \_\_\_\_\_
10. Are you or anyone in your household homeless, but not living in a homeless shelter?  Yes  No  
**If yes, who?** \_\_\_\_\_
11. Are you or anyone in your household a regular participant in a drug or alcohol program?  Yes  No  
**If yes, who?** \_\_\_\_\_
12. Are you or anyone in your household pregnant?  Yes  No  
**If yes, who?** \_\_\_\_\_ **Due Date:** \_\_\_\_\_
13. Are you or anyone in your household, age 18-52, unable to work?  Yes  No  
**If yes, who?** \_\_\_\_\_  
**Why is this person unable to work?** \_\_\_\_\_
14. Are you or anyone in your household a veteran?  Yes  No  
**If yes, who?** \_\_\_\_\_
15. Are you or anyone in your household age 24 years old or younger **and** aged out of foster care?  Yes  No  
**If yes, who?** \_\_\_\_\_

**Section 5: Tell us about your household income.**

1. Are you or anyone in your household working?  Yes  No **If yes, who?** \_\_\_\_\_

2. Enter **GROSS** pay, not take-home pay below received in the last four weeks.  
 • Gross pay is pay before any deductions.  
 • **Note:** If you do not have your paystubs or do not receive payment in the form of money for your work, such as in-kind work or volunteering with an established volunteer organization, then have the person you work for complete this section.

Name of Person Working: _____		Name of Person Working: _____	
Name and Address of Employer: _____		Name and Address of Employer: _____	
Telephone Number of Employer: _____	Fax Number of Employer: _____	Telephone Number of Employer: _____	Fax Number of Employer: _____

Amount Earned Each Pay Period Before Taxes: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Per Month <input type="checkbox"/> Monthly Number of Hours Worked Each Week: _____	Amount Earned Each Pay Period Before Taxes: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Per Month <input type="checkbox"/> Monthly Number of Hours Worked Each Week: _____
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Week	Date Pay Received			Gross Pay	Tips	Total Hours	Week	Date Pay Received			Gross Pay	Tips	Total Hours
	Month	Day	Year					Month	Day	Year			
1							1						
2							2						
3							3						
4							4						

_____ Employer's Signature Telephone Number Employer's Printed Name: _____	_____ Employer's Signature Telephone Number Employer's Printed Name: _____
--	--

3. Do you or anyone in your household receive money from any other source(s)?  Yes  No  
**If yes, please complete the section below.**

Other Income	Amount	How often do you or anyone in your household receive this income?	Which family member receives this income?
Child Support	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Twice Per Month	
Supplemental Security Income (SSI)	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Twice Per Month	
Social Security Benefits	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Twice Per Month	
Unemployment Benefits	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Twice Per Month	
Veterans Benefits	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Twice Per Month	
Retirement/Pensions	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Twice Per Month	
Other (Explain)	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Twice Per Month	

**Section 6: Tell us about your household resources.**

1. Does anyone own any cars, trucks, other assets, or land/buildings other than where you live? Yes No  
**If yes**, please list all assets. \_\_\_\_\_
2. How much does the household have in cash \$\_\_\_\_\_, checking \$\_\_\_\_\_, and/or savings account(s) \$\_\_\_\_\_?

**Section 7: Tell us about your household expenses.**

1. Do you or anyone in your household pay someone to take care of your child(ren)? Yes No
2. Do you or anyone in your household pay someone to take care of a dependent adult? Yes No
3. Do you or anyone in your household pay child support? Yes No  
**If yes**, how much?\_\_\_\_\_ How often?\_\_\_\_\_ Is it court ordered? Yes No
4. If anyone in your household is disabled or age 60 or older, does he/she have out-of-pocket medical expenses over \$35 each month? Yes No  
**If yes**, who? \_\_\_\_\_

**Section 8: Tell us about your household circumstances for SNAP expedited service screening.**

1. What is the **total** income you and your household have already received and expect to receive this month? \$\_\_\_\_\_
2. Is anyone in your household a migrant or seasonal farm worker? Yes No  
(**If yes**, answer the following questions.)
- Did all of your household income recently stop? Yes No  
**If yes**, when did you receive your last pay?\_\_\_\_\_What was the total amount? \_\_\_\_\_
  - Does anyone in your household expect to receive income from a new source this month? Yes No  
**If yes**, how much?\_\_\_\_\_Do you expect to receive it within 10 days? Yes No
3. How much does the household have in cash \$\_\_\_\_\_, checking \$\_\_\_\_\_, and/or savings account(s) \$\_\_\_\_\_?
4. How much is your household billed for?  
Rent/Mortgage \$\_\_\_\_\_ Lot Space Rent \$\_\_\_\_\_ House Taxes \$\_\_\_\_\_  
House Insurance \$\_\_\_\_\_ Condominium Fees \$\_\_\_\_\_
5. Is your household billed to heat or cool your home? Yes No  
**If yes**, how do you heat or cool your home: \_\_\_\_\_
6. Does your household receive LIHEAP (Low Income Home Energy Assistance Program)? Yes No
7. **If you answered NO to questions 5 and 6**, what is the amount of your household's billed monthly utilities other than phone?  
\$ \_\_\_\_\_

**Section 9: Temporary Assistance for Needy Families (TANF) Only**

**Absent Parent Information:**

Provide the following information below for each child listed in Section 4 whose mother and/or father is not in the home. Additional information may be requested during the eligibility interview.

Absent Parent's Name, Last Known Address, and Phone Number		Social Security Number
The absent parent is:	Name:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father	Last Known Address:	Date of Birth
	Phone Number:	
Please list the names of the child(ren) for which this person is the absent parent.		Is this the child(ren)'s legal parent?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name	Employer's Address	Employer's Phone Number

Absent Parent's Name, Last Known Address, and Phone Number		Social Security Number
The absent parent is:	Name:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father	Last Known Address:	Date of Birth
	Phone Number:	
Please list the names of the child(ren) for which this person is the absent parent.		Is this the child(ren)'s legal parent?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name	Employer's Address	Employer's Phone Number

Absent Parent's Name, Last Known Address, and Phone Number		Social Security Number
The absent parent is:	Name:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father	Last Known Address:	Date of Birth
	Phone Number:	
Please list the names of the child(ren) for which this person is the absent parent.		Is this the child(ren)'s legal parent?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name	Employer's Address	Employer's Phone Number

Absent Parent's Name, Last Known Address, and Phone Number		Social Security Number
The absent parent is:	Name:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father	Last Known Address:	Date of Birth
	Phone Number:	
Please list the names of the child(ren) for which this person is the absent parent.		Is this the child(ren)'s legal parent?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name	Employer's Address	Employer's Phone Number

**IMPORTANT: For TANF, please read and sign below.**

**I do hereby attest under 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 below, I understand that these assertions are true and will be used in legal pleadings against the absent parent.**

**Signature of Applicant/Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of two witnesses, if signed by an "X": (1) \_\_\_\_\_ (2) \_\_\_\_\_



South Carolina Department of Social Services
VOTER PREFERENCE FORM

If you are not registered to vote where you live now, would you like to apply to register to vote?
(Please check one.)

- Yes, I would like to register to vote.
I am registered, but not at my current address.
No, I am registered at my current address.
No, but I will use the Voter Registration Mailed Application.
No. 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 DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

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