

South Carolina Department of Social Services
Economic Services

CONTRIBUTION FORM

Part I.

To: _____ Applicant/Recipient's Name: _____
Address: _____ Case No.: _____
_____ Case Name: _____
_____ Date: _____

Please complete the items below concerning the above named individual, sign and return to SC Department of Social Services.

Worker's Name: _____

Part II.

1. Do you give any money directly to the applicant/recipient **other than child support?** Yes No
If yes, how much and how often? _____ Weekly Bi-Weekly Monthly Varies
2. For what purpose is the money given? _____
3. How long have you been giving this money? _____
4. Is this money: A Gift A Loan
5. If this money is a loan, when do you expect to be repaid? _____
6. If this money is a gift, how long will it continue? _____
7. How much did you give during the past two months?

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

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

Comments: _____

Your Printed Name: _____

Your Signature: _____

Telephone No.: _____

Date: _____

PURPOSE AND INSTRUCTIONS FOR DSS FORM 37113

Purpose:

The purpose of this form is to inform the Agency on contributions given to a household/benefit group by a non-household/non-benefit group member.

Instructions:

Part I: DSS worker requesting information should complete this section in its entirety.

Part II: The individual who is providing financial support to the SNAP household/TANF benefit group completes this section.