



## The South Carolina Department of Social Services

# APPLICATION for the FAMILY INDEPENDENCE PROGRAM (FI) SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) REFUGEE ASSISTANCE PROGRAM (RA)

Do you need help filling out this application? Do you need an interpreter? If yes, please ask for help at your local DSS Office.

Este es un formulario para los programas de Independencia de Familias y de Cupones o Estampillas para Alimentos. Si necesita un interprete para ayudarlo a completar este formulario o durante la entrevista, pregunte en la oficina local de Servicios Sociales y le conseguirán uno.

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

Family Independence (FI) and Supplemental Nutrition Assistance Program (SNAP) Applicants:

- You must provide Social Security numbers and citizenship/immigration status on **all** family members for whom you want cash benefits or SNAP benefits. 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 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 and FI 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.

"In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion or political beliefs.

To file a complaint of discrimination, contact USDA, HHS or DSS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). Write DSS Office of Civil Rights, P.O. Box 1520, Columbia, S.C. 29202-1520; or call 1-800-311-7220, TTY: 1-800-311-7219. USDA, HHS and DSS are equal opportunity providers and employers."

## SOME COMMON TERMS USED IN THE APPLICATION

This application form can be used to apply for the following programs:

### **Family Independence (FI)**

This program may pay you a monthly cash benefit for households with dependent children. It may help you train for work and look for a job and pay child care and transportation costs.

### **Supplemental Nutrition Assistance Program (SNAP)**

This program will help you buy food for your family.

### **Refugee Assistance (RA)**

This program provides cash assistance to adult refugees without dependent children, as well as other social service benefits available through the Refugee Resettlement Program.

### **What do the words used in the application mean?**

This chart explains the words we have used in the application:

<b>Benefit Group (BG)</b>	The group of individuals whose income, resources, and/or needs impact the eligibility and amount of benefits in an FI case. BG members include sanctioned and disqualified individuals as well as Family Cap children.
<b>Caretaker</b>	A parent or relative who applies for FI for children in their care.
<b>Disqualification/ Sanction</b>	The action taken to remove an individual from a SNAP or FI case for failure to meet or comply with a program requirement.
<b>Electronic Benefit Transfer (EBT)</b>	The system used in South Carolina to pay benefits to individuals who are eligible for SNAP benefits. Individuals receiving assistance are issued an EBT debit card, which is used to access their SNAP accounts.
<b>ePay</b>	A payment method for eligible FI recipients. FI benefits are electronically deposited into a debit account. Recipients are issued an ePay card to access their benefits.
<b>Household Members</b>	Individuals who live in your home.
<b>Income</b>	Payments such as wages, salaries, commissions, bonuses, worker's compensation, disability, pension, retirement benefits, interest, child support or any other form of money received.
<b>Resources</b>	Cash, property, or assets such as bank accounts, vehicles, stocks, bonds, and life insurance.
<b>Migrant Farm Workers</b>	Individuals who are seasonal farm workers and move from one home base to another to work or look for farm work.
<b>Seasonal Farm Workers</b>	Individuals who work at certain times of the year planting, picking or packing produce. They are hired on a temporary basis when a job requires more workers than the farm employs on a regular basis.
<b>Trafficking</b>	Selling or trading SNAP benefits for profit.
<b>United States Citizenship and Immigration Services (USCIS)</b>	This is an agency under Homeland Security, formerly known as the Immigration and Naturalization Service (INS).

**Family Independence (FI) and Refugee Assistance (RA) Programs  
Supplemental Nutrition Assistance Program (SNAP)  
YOUR RIGHTS AND RESPONSIBILITIES**

**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 FI, RA and the SNAP.

**Social Security Numbers**

In order to get benefits from the FI, SNAP and other programs:

- You must provide or apply for a Social Security number (SSN) for those persons who want to get FI and/or SNAP. Although SSNs are not required for non-applicants or persons ineligible for FI or SNAP, income information must be included for all HH/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 SNAP benefits for any person an SSN is not provided for.
- 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 get FI, RA and/or SNAP.
- 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.

**Assignment of Child Support**

- Any child support you receive or may receive for an FI eligible child 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 FI.

**Paternity Establishment**

- In order to get benefits from the FI Program, you must cooperate with the Child Support Enforcement Division (CSED) 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.

**Varied Benefits**

- If you receive child support through CSED, your SNAP benefits may change from month to month because of any changes in the child support you receive.

**Work/Training Programs**

- You must participate in a work or training program in order to receive FI or RA benefits, unless you are exempt from the work program requirement.

**Verification**

- A DSS worker may need to contact other people or organizations (neighbors, banks, employers, etc.) in order to verify your income, bank accounts, alien status, medical/shelter expenses, insurance/retirement benefits, medical history and any other fact that relates to your eligibility for FI, RA or SNAP benefits.
- For SNAP, 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 unreported expense.

**Time Limits**

- FI benefits may be time limited. Refugee cash assistance is limited to 8 months from the date of arrival in the U.S. SNAP benefits are not time limited and the receipt of SNAP benefits has no effect on any other program's time limits.

**Fraud**

- If you give DSS information that is found to be incorrect for FI or SNAP your case may be denied or closed.
- You may be subject to prosecution under federal and state laws for giving incorrect information.

**Benefit Repayment**

- You may be required to repay benefits you received from FI (including child care and transportation), RA 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, FI and RA, by contacting your county DSS office or SCDSS, Division of Individual and Provider Rights, P.O. Box 1520, Columbia, S.C. 29202-1520, 1-800-311-7220 for FI and SNAP.
- To request continuation of your FI, RA 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 get a notice reducing or stopping your benefits is: 60 days for FI and RA and 90 days for SNAP benefits.

### SNAP Warnings and Penalties

- **DO NOT** trade, sell or alter Electronic Benefit (EBT) cards.
- **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 for violations of \$5000 or greater. 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; if you do, you cannot get SNAP benefits for 12 months for the 1<sup>st</sup> offense and permanently for the 2<sup>nd</sup> offense.
- **DO NOT** use other people's EBT card or SNAP benefits.
- **DO NOT** receive SNAP benefits in more than one state for the same month. Any individual found to have made a fraudulent statement or representation of identity or residence shall be ineligible to receive SNAP benefits for 10 years.

### Refugee Assistance (RA) Program

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

### 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 benefit groups who must complete a mailed recertification form, you are only required to report changes at recertification (mailed or face-to-face), unless your gross income exceeds 130% of poverty or you move out of state. This change must be reported by the tenth of the month after the month the change occurred.

### Family Independence (FI) Program

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.

### Application Filing Instructions

- Please fill in all the blanks you can. If you need help or don't understand a question, a DSS worker can help you.
- Make sure you:
  - ▶ Print your name
  - ▶ Print today's date
  - ▶ Sign the application
- Your application is considered filed as long as it contains the name, address, and signature of a responsible household member or the household's authorized representative. Benefits are provided from the date the application is filed.
- Your DSS worker may schedule an interview with you or you will be contacted by phone for an interview no later than 10 days from the date your application is filed. You may bring someone with you to the interview that can help you. When you are interviewed it may help your DSS worker complete your application faster if you have provided the items below:
  - ▶ Pay stubs for the last four (4) weeks of work, if you are currently working, or most current tax returns if self-employed
  - ▶ (For FI Only) Birth certificates or other document to prove relationship for all children for whom you are applying
  - ▶ Social Security numbers for each family member applying for benefits – children and adults
  - ▶ Identification (such as driver's license, state ID card or other acceptable forms of ID)
  - ▶ Rent or mortgage payment receipts
  - ▶ Utility bills
  - ▶ Bank account statements
- 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 online at [www.dss.sc.gov](http://www.dss.sc.gov).

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

**CHECK BOX FOR EACH PROGRAM YOU WANT TO APPLY FOR:**

**Family Independence (FI)**    **Supplemental Nutrition Assistance Program (SNAP)**    **Refugee Program (RA)**

<b>DSS USE</b> <input type="checkbox"/> New Application <input type="checkbox"/> Reapplication <input type="checkbox"/> Cure Sanction		<b>DSS USE</b> Date Filed: _____	
<b>ONLY:</b> <input type="checkbox"/> Family Independence Redetermination		<b>ONLY:</b> Expedited Screener: _____	
CHIP Case No.:	Worker's Name:	Interview Date:	Expedited? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you hearing impaired?    Yes    No   What language do you use the most? \_\_\_\_\_

Do you need an interpreter?    Yes    No

You may appoint someone not living in your household to act for your household to make an application and to be interviewed. This person should know your household's situation well enough to give any information needed to determine your 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 for you or to come in to be interviewed for you as your authorized representative?    Yes    No   If yes, tell us the information and sign below:

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

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

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

**Expedited Services**

**You may get 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 services.**

**Section 1: Tell Us About Yourself**

Last Name:		First Name:		MI:	Suffix:	
Street Address Where You Live:					Apt. or Lot No.:	
City:			State:		Zip Code:	County:
Mailing Address: (if different)					Apt. or Lot No.:	
City:			State:		Zip Code:	County:
Home Telephone No.:	Cell Phone No.:	Another telephone number where you can be contacted:			E-Mail Address:	

**Section 2: Tell Us About Your Household Members**

**Instructions:** Please print clearly. List everyone in your household. Answer all questions for each household member. For SNAP: Your spouse and any children under age 22 must be included with you in your household.

Verification of information about all household members may be required. You only have to provide the SSN and citizenship/immigration status for persons you are applying for. 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	* Race Code (Choose one or more)	Is anyone Hispanic?	Social Security Number or Date of SS-5	Blind or Disabled	US Citizen	In School	Working
1.	(Self)					Yes No		Yes No	Yes No	Yes No	Yes No
2.						Yes No		Yes No	Yes No	Yes No	Yes No
3.						Yes No		Yes No	Yes No	Yes No	Yes No
4.						Yes No		Yes No	Yes No	Yes No	Yes No
5.						Yes No		Yes No	Yes No	Yes No	Yes No
6.						Yes No		Yes No	Yes No	Yes No	Yes No
7.						Yes No		Yes No	Yes No	Yes No	Yes No

(FOR STATISTICAL PURPOSES ONLY) \* Race: BL - Black or African American; WH - White; AS - Asian/Oriental; AI - American Indian/Alaskan Native; NH - Native Hawaiian or Other Pacific Islander

List 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. (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?	
			Yes/No	If Yes, Reason	Yes/No	If Yes, What bill(s)?
			Yes No		Yes No	
			Yes No		Yes No	
			Yes No		Yes No	

Is anyone in your household a fleeing felon or probation/parole violator?  Yes  No

If yes, name: \_\_\_\_\_

Was anyone in your household convicted of a drug-related felony that occurred after Aug. 22, 1996?

Yes  No If yes, name: \_\_\_\_\_

Is anyone listed above pregnant?  Yes  No If yes, who: \_\_\_\_\_ Expected DOB: \_\_\_\_\_

**For Family Independence only:** Is any teenager listed above (male or female) a parent?  Yes  No

If yes, who: \_\_\_\_\_

Have you received FI before?  Yes  No If yes, do you still have your ePay card?  Yes  No

**Section 3: Tell Us About Your Household Resources**

How much does the household have in cash, checking and savings account(s)? \$ \_\_\_\_\_

Other than where you live, does anyone in your household own any land, cars, trucks, buildings or other assets?

Yes  No If yes, how much is it worth? \$ \_\_\_\_\_

**Section 4: Tell Us About Your Household Income**

Enter **GROSS** pay, not take home pay.

Wage Earner's Name:	Wage Earner's Name:
Employer's Name and Telephone:	Employer's Name and Telephone:
Amount Each Pay Period Before Taxes: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly Hours Worked Each Week: _____	Amount Each Pay Period Before Taxes: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly Hours Worked Each Week: _____

Other Income	Amount	How Often Do You Get This Income?	Which Family Member Gets This Income?
Child Support	\$		
SSI	\$		
Social Security Payment	\$		
Unemployment Benefits	\$		
Veterans Benefits	\$		
Retirement/Pensions	\$		
Other (Explain)	\$		

What is the **total** amount of income you and your household have already received and expect to receive this month?  
 \$ \_\_\_\_\_

Is anyone in your household a migrant or seasonal farm worker?  Yes  No

If yes, answer these 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? \$ \_\_\_\_\_ And do you expect to receive it within 10 days?  Yes  No

**Section 5: Tell Us About Your Household Expenses**

Rent/Mortgage: \$ \_\_\_\_\_ Lot Space Rent: \$ \_\_\_\_\_ House Taxes: \$ \_\_\_\_\_ House Insurance: \$ \_\_\_\_\_

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

If no, what are your actual monthly utilities other than phone? \_\_\_\_\_

Do you pay someone to take care of your child(ren)?  Yes  No

Do you pay someone to take care of a dependent adult?  Yes  No

Does anyone in your household pay court ordered child support?  Yes  No

If yes, how much? \$ \_\_\_\_\_ How often? \_\_\_\_\_

If anyone in your household is over 60 or disabled, do they have out of pocket medical expenses over \$35 each month?  
 Yes  No

Have you or your household received SNAP benefits (formerly food stamps) before?  Yes  No

If yes, do you still have your EBT card?  Yes  No

**Please read and sign this statement/application.**

I certify that the information I or my authorized representative have provided above 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 or Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**South Carolina Department of Social Services**  
**AUTHORIZATION FOR SPECIAL INVESTIGATION**

Date:

I, \_\_\_\_\_ residing at \_\_\_\_\_  
Name Street Address  
\_\_\_\_\_ hereby authorize the South Carolina Department of Social  
City, State and Zip Code

Services to verify my income, checking accounts, savings accounts, shelter expenses, medical expenses, insurance, disability or retirement benefits (Social Security, Supplemental Security Income, Veterans Administration, etc.), medical history and any other facts relevant to my eligibility for participation in programs administered by the Department of Social Services.

I also authorize any person, partnership, corporation, association or governmental agency possessing information on such matters to release such information to the Department of Social Services.

I certify that I have read the above statement and understand that this gives my permission for release of such information.

Signature:

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date