

South Carolina Department of Social Services
CHANGE REPORT FORM

Case Name: _____ Date: _____

Case Number or Social Security Number: _____

**SECTION 1: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)**

If you check any of the boxes in this section, please provide the new information in **Section 3**.

CHANGES YOU ARE REQUIRED TO REPORT

- Your household's total monthly gross income exceeds 130% of poverty. Your gross income means all of the money your household receives including wages before taxes or other deductions, social security, SSI, cash contributions, unemployment compensation, child support, worker's compensation, etc.

SNAP INCOME GUIDELINES

Household Size	Gross Monthly Income (130 percent of poverty)	Net Monthly Income (100 percent of poverty)
1	\$1307	\$1005
2	\$1760	\$1354
3	\$2213	\$1702
4	\$2665	\$2050
5	\$3118	\$2399
6	\$3571	\$2747
7	\$4024	\$3095
8	\$4477	\$3444
Each additional member	\$453	\$349

- When an ABAWD's work hours fall below 20 hours weekly; less than 80 hours averaged monthly.

SECTION 2: TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

If you check any of the boxes in this section, please provide the new information in **Section 3**.

CHANGES YOU ARE REQUIRED TO REPORT

- If you move to a new residence or new address.
- If you or another household member begins or loses a job, have hours of employment increase or decrease, and/or rate of pay changes.
- If you or another household member begins receiving or are no longer receiving unearned income (unemployment benefits, child support, SSA/SSI/VA, cash contribution, Workman's Compensation, etc.).
- If a person moves in or out of your home.
*Note: When you find out that a person temporarily living away from home will not return to the home, you must report this change within five days.
- If you are receiving child care/transportation to participate in an activity and you stop participating.

This institution is an equal opportunity provider.

SECTION 3: New Information

Please provide the information that corresponds to your selections in **Sections 1 and 2** above.

New address

Street: _____

City _____ State _____ Zip code _____

New Employment

Who started working? _____

Employer _____ Telephone # _____

Employer Address _____

Gross Monthly Income _____

New Household Members

Who moved in? _____

Social Security Number _____ - _____ - _____ Date of Birth _____

Who moved out? _____

SECTION 4: Optional Information

You may voluntarily report any other changes in this section.

Rent Amount _____ Mortgage Amount _____ Property Taxes _____ Homeowner's Insurance _____

Any additional changes that you would like to report:

SNAP WARNINGS AND PENALTIES

When a household receives SNAP benefits, it must obey certain rules. The rules to be followed are:

- **DO NOT** give false, incorrect or incomplete information.
- **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;
- **DO NOT** trade, sell or alter Electronic Benefit (EBT) cards; if you do, you cannot get SNAP benefits for 24 months for the 1st offense and permanently for the 2nd offense.
- **DO NOT** 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

Signature:

I understand the penalty for hiding or giving false information. I agree to provide proof of any changes I report if asked.

Signature: _____ Date: _____

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 Mail 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