

South Carolina Department of Social Services  
Family Assistance Programs  
**APPLICANT/RECIPIENT INFORMATION QUESTIONNAIRE**

Date: \_\_\_\_\_

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Person Interviewed: \_\_\_\_\_ Telephone: \_\_\_\_\_

Worker: \_\_\_\_\_ Directions to Home: \_\_\_\_\_

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**FI:**  Application  Redetermination **SNAP:**  Application  Recertification

**TO BE COMPLETED BY APPLICANT/RECIPIENT – Please read and answer the following questions about everyone in your household.**

1. Does everyone listed on your application live in this county?  Yes  No
2. Has anyone quit working in the last 60 days?  Yes  No
3. Has anyone refused work?  Yes  No
4. Has anyone been laid off?  Yes  No
5. Has anyone worked in the last two years?  Yes  No
6. Did anyone sell, give away or transfer anything of value such as money, savings or property in the last two years?  Yes  No
7. Does anyone in your household (including children) have any of the following items? Please check the items that someone in your household has.

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Stocks	<input type="checkbox"/> Boats
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Bonds	<input type="checkbox"/> Land
<input type="checkbox"/> Credit Union Account	<input type="checkbox"/> Retirement Account	<input type="checkbox"/> Vehicles
<input type="checkbox"/> Savings Bonds	<input type="checkbox"/> Burial Insurance	<input type="checkbox"/> Houses or Buildings
<input type="checkbox"/> Cash	<input type="checkbox"/> Mobile Home	
8. Does anyone pay you for a room, meals or both?  Yes  No
9. Does anyone borrow or receive money from someone else?  Yes  No
10. Does anyone in your household (including children) receive money from any of the following sources? Please check the items that someone in your household has.

<input type="checkbox"/> Employment (Job)	<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Sick Benefits
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Family Independence
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Child Support	<input type="checkbox"/> Social Security	<input type="checkbox"/> Christmas Club
<input type="checkbox"/> Educational Grants/Loans	<input type="checkbox"/> Cash Contributions	<input type="checkbox"/> Other: _____
11. Does anyone have unpaid bills?  Yes  No
12. Is there a dependent child or teen parent not attending school?  Yes  No

**FOR DSS USE ONLY – Documentation**

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