

South Carolina Department of Social Services
APPLICATION FOR IV-E ELIGIBILITY

County Office: _____

I. Name: _____ **SSN:** _____

Birthdate: _____ **U.S. Citizen?** Yes No

II. Placement Authority (Check one)

Date

- EPC _____
- Ex Parte _____
- Court Order _____
- Voluntary Placement _____
- Voluntary Relinquishment _____

III. Information Regarding Child and Family at Time of Removal

1. Mother's Name, Address and Social Security Number

2. Biological Father's Name, Address and Social Security Number

3. Legal Father's Name, Address and Social Security Number

4. Who was child living with at time of removal? _____

If other than parent: name and relationship: _____

5. Household Composition: Please send completed Face Sheet (DSS Form 3091)

6. Was anyone in the household working at the time of removal? Yes No

Name: _____ Gross Monthly Wages: _____

Name: _____ Gross Monthly Wages: _____

7. Does anyone receive:

	<u>Name</u>	<u>Amount</u>
SSI	_____	_____
Social Security	_____	_____
Veteran's Benefits	_____	_____
Child Support	_____	_____
Unemployment Benefits	_____	_____
Other	_____	_____

8. List resources available to the family: _____

Name of Worker: _____ **Date:** _____

Name of Supervisor: _____ **Date:** _____