

**South Carolina Department of Social Services
SC Voucher Program
Family, Friend, and Neighbor Provider
HEALTH AND SAFETY GRANT REIMBURSEMENT REQUEST**

The SC Voucher Program requires clients who select family, friend, and neighbor care arrangements for their children to make sure the home has the following:

1. A minimum of one fire extinguisher (type 5 lb. 2-A:10 B:C) in the cooking area, and
2. A minimum of two operating smoke detectors properly placed within the home in areas occupied by children.

Child care providers who do not have a fire extinguisher or two smoke detectors, as verified by the client, may request and receive a grant to assist them in purchasing these items. The grant funds will be reimbursed after the equipment is purchased by the provider and the grant request and original receipts are submitted to the SC Voucher Program.

Upon approval of the grant request, the SC Voucher Program will issue payment to the provider based on the receipts submitted, not to exceed \$45.00.

Terms and Conditions:

1. Grants are limited to one per provider, and are available after the provider is selected by an SC Voucher Program eligible client.
2. The health and safety grant will provide reimbursement only for the purchase of a fire extinguisher and/or smoke detectors.
3. The child care provider is responsible for additional costs that exceed \$45.00.

Request:

I certify that I have read and fully understand the requirements of this health and safety grant reimbursement request, and if approved, shall comply with the above terms and conditions.

Grant Amount Requested: \$ _____

Provider Name: (Please print) _____

Provider Street Address: _____

Provider City, State and Zip Code: _____

Provider Social Security Number: _____ Provider Phone Number: (____) _____

Provider Signature: _____

Please return this form, along with your receipts to:

SC Voucher Program
P.O. Box 100160
Columbia, SC 29202-3160

For DSS Use Only

Grant Approved: Yes No

Approval Date: _____ Approval Signature: _____