

**South Carolina Department of Social Services
Family Assistance Program
VOLUNTARY CHILD SUPPORT/CONTRIBUTION FORM**

To: _____ Recipient's Name: _____
 Address: _____ Case No.: _____
 _____ Case Name: _____

Please complete the items checked below concerning the above named individual, sign and return to:
 _____ **County Department of Social Services.**

Address: _____

Worker's Name: _____ **Date:** _____

I. Child Support

- 1. Are you the father/mother/grandparent of _____ ? Yes No
- 2. Are you giving any money for support of this child/these children? Yes No
 If yes, how much and how often? \$ _____ Weekly Bi-weekly Monthly Varies
- 3. Are you giving support money on a regular basis? Yes No
- 4. How long have you been giving support money? _____
- 5. To whom do you pay this money? (Check one) Recipient Clerk of Court: Which county? _____
 Other: Who? _____
- 6. Do you pay any bills directly for the recipient? Yes No If so, what? _____
- 7. How much did you give during the past two months?

Date	Amount Given	Date	Amount Given
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
- 8. Do you have medical/hospital insurance on this child/these children? Yes No
 If yes, tell us the company's name: _____
- 9. Do you have a driver's license? Yes No If yes, print your license number: _____
- 10. What is your social security number? _____ Date of Birth: _____
- 11. Where do you work? Company Name: _____
 Company's Address: _____
 Company's Telephone No.: _____

Your Printed Name: _____

Your Signature: _____

Telephone No.: _____

II. Contributions

1. Do you give any money directly to the recipient other than child support? Yes No

2. For what purpose is the money given? _____

3. Do you pay any bills directly for the recipient? Yes No

If so, what? _____

4. How much did you give during the past two months?

Date	Amount Given	Date	Amount Given
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

5. How long have you been giving this money? _____

6. Is this money a gift? Yes No Is this money a loan? Yes No

7. If a loan, when do you expect to be repaid? _____

Your Printed Name: _____

Your Signature: _____

Telephone No.: _____