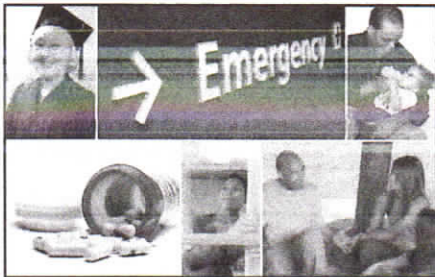


**NECESITA AYUDA?  
LLAME AL 2-1-1  
(CALL 2-1-1)**



**Get Connected. Get Answers.**

1-866-892-9211 • www.sc211.org



**Encontrar información local  
para ayudar a un miembro  
de la familia, un amigo,  
o usted, 24 horas al día/  
7 días a la semana.**

**Es fácil, confidencial, y**

**GRATIS:**

- Necesidades básicas
- Puericultura
- Programas comunitarios
- Servicios de asesoramiento
- Personas mayores recursos
- Servicios de emergencia
- Asistencia financier
- Asistencia médica
- Asistència de prescripción
- El transporte

**United Way  
of the Piedmont**



[www.uwpiedmont.org](http://www.uwpiedmont.org)

**NEED HELP?  
CALL...**



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**Find local information  
to help a family member,  
a friend, or yourself,  
24 hours a day/7 days a week.  
It's easy, confidential, and**

**FREE:**

- Basic Needs
- Childcare
- Community Programs
- Counseling Services
- Elderly/Aging Resource
- Emergency Services
- Financial Assistance
- Health Care
- Prescription Assistance
- Transportation

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## South Carolina Hunters and Landowners for the Hungry

### Assistance Application

HFH I.D. #

C.T. Case #

Date:

#### Applicant Information

Name:		Phone:	
Physical Address:		Alt. Phone:	
City:	State:	Zip Code:	
Mailing Address (if different):			
City:	State:	Zip Code:	
Drivers License #:		Type of Car(s)	

#### Household Information \*\* All Members including yourself \*\*

Name:	Age: /Date of Birth	Gender:	Race:	Marital Status:
Name:	Age: /Date of Birth	Gender:	Race:	Marital Status:
Name:	Age: /Date of Birth	Gender:	Race:	Marital Status:
Name:	Age: /Date of Birth	Gender:	Race:	Marital Status:
Name:	Age: /Date of Birth	Gender:	Race:	Marital Status:

#### Income Information

Current employer:	
Dates of employment	Hours per week:
Income:	How often do you get paid?
Are you currently drawing Unemployment Compensation?	Amount:
Is any other household member working? If so, where?	
Dates of employment:	Hours per week:
Income:	How often do you get paid?

#### Other Household Income

Child Support	\$ _____	Food Stamps	\$ _____
Social Security	\$ _____	W.I.C.	\$ _____
S.S.I.	\$ _____	Veteran's Benefits	\$ _____
Disability	\$ _____	Other	\$ _____
Survivor's Benefits	\$ _____		



**Household Expenses**

<b>Housing:</b>	Mortgage	\$ _____	<b>Insurance:</b>	\$ _____
	Rent	\$ _____	<b>Debts</b>	\$ _____
<b>Utilities:</b>	Power	\$ _____	<b>Food</b>	\$ _____
	Gas	\$ _____	<b>Transportation</b>	\$ _____
	Water	\$ _____	<b>Medical Care</b>	\$ _____
	Phone	\$ _____	<b>Child Care</b>	\$ _____
	Cable	\$ _____	<b>Other</b>	\$ _____

**Special Circumstances:** \_\_\_\_\_  
 \_\_\_\_\_

**Intentions:** \_\_\_\_\_  
 \_\_\_\_\_

Have you received financial assistance from anyone during the past 60 days? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SCHLH HAS MY PERMISSION TO VERIFY ANY AND ALL OF THE ABOVE INFORMATION TO DETERMINE ELIGIBILITY FOR ASSISTANCE.

I UNDERSTAND THAT PARTICIPATIONS IN ANY PROGRAMS OFFERED BY SCHLH IS STRICTLY ON A VOLUNTARY BASIS.

I UNDERSTAND THAT COMPLETED APPLICATIONS DO NOT GUARANTEE ACCEPTANCE INTO ANY PROGRAM OFFERED BY SCHLH.

I UNDERSTAND ALL PERSONAL, IDENTIFYING INFORMATIONS IS KEPT CONFIDENTIAL; HOWEVER STATISTICAL DATA (AGE, GENDER, RACE, ZIP CODE) MAY BE SHARED WITH OTHER STATE AND FEDERAL FUNDING AGENCIES FOR COMPLIANCE WITH NON-DISCRIMINATION POLICIES.

I RELEASE SCHLH AND ANY VOLUNTEERS FROM ANY AND ALL LIABILITY THAT MAY BE INCURRED WHILE AT SCHLH OR DUE TO THE USE OF ANY PRODUCT RECEIVED.

<b>Signature:</b> _____	<b>Date:</b> _____
<b>SCHLH Representative:</b> _____	<b>Date:</b> _____



