

TRANSITION HANDBOOK

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TRANSFORMATION & TRANSITION

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INTRODUCTION

The Transformation & Transition Project is a Christian nonprofit organization dedicated to helping returning citizens successfully transition into their new life. We are based in Columbia, SC and focus on the services and opportunities available to returning citizens in the Midlands, but we partner with like-minded organizations around the state. Our work is fueled by the following convictions:

- Successful transition requires genuine transformation (real change from the inside out) and connection to positive community.
- Following Jesus Christ provides a path to transformation for everyone, not just returning citizens.
- A healthy church is the ideal community to welcome and walk with a returning citizen on his/her journey of transition.
- Returning citizens can be a valuable part of our communities and often bring a wealth of experience, compassion, and dedication to helping others.

Though biblical principles are woven throughout our material, there is much of practical value even for those who chose not to follow Jesus. We gladly offer our services to all returning citizens regardless of their religious background.

This handbook is written specifically to returning citizens who are still incarcerated but are preparing for release. That's who we are referring to when we use the pronoun "you." With that in mind, we emphasize the plans that can be made and the steps taken before release. We've chosen to leave some information out because there are things that will need to be handled in person after release and others that are best accessed online. Nevertheless, this handbook still contains information beneficial to returning citizens after release and to mentors, friends, or family members helping returning citizens along their transition journey.

This handbook is grouped into sections by topic. Some organizations offer multiple services and will appear in multiple sections. Some sections have forms or other pertinent enclosures. As of the date of publications, the forms and enclosures are current, but they might have changed by the time you use them. Whenever possible, verify that you have the most current form.

This handbook is designed to help you develop a solid transition plan, carry it out step by step, and connect with the many resources available to you. Remember, you are not alone! There are many of us in the community who want you to succeed. The information in this handbook can change the course of your life, but only if you put in the effort to use it. So read the handbook. Follow it. Ask questions. Get help if you need to fill out forms or understand certain sections. Don't be intimidated by the amount of information or work ahead of you, and don't give up. Tackle one small piece at a time.

God be with you!

SMART Goals

"If you fail to plan, then you are planning to fail."

Your transition to a new life will not be successful without a plan. The first step in developing a good plan is setting SMART goals. There should be goals for what you want to **become** and what you want to **accomplish**. Write them down! Review them often and update them as required. Also remember that an ultimate destination may require intermediate goals along the way. Here are the basic elements of SMART goals.

Specific – Avoid broad, general statements. Be as focused and specific as possible.

- Not Specific: I'm going to get in shape.
- Specific: I'm going to run a mile in under 8 minutes.

Measurable – Choose goals where you can measure completion and progress. This usually means that the goal has to include a number or percentage.

- Not measurable: I'm going to improve my credit score.
- Measurable: I'm going to improve my credit score to above 700.

Achievable – Don't select impressive goals that can't be realistically achieved. Stick to goals that are challenging but within the realm of possibility given the resources you have.

- Not achievable: I'm going to buy my own Olive Garden restaurant my first year out.
- Achievable: My brother and I will start our own food truck business my first year out.

Relevant – Keep in mind your ultimate objective or destination. Choose goals that support that objective and don't hinder it. Example: Let's say my ultimate objective is to be a good father to my 12-yr old daughter.

- Not relevant: Buy her a new cell phone. (Does that really make me a better father?)
- Relevant: Commit to being at every one of her track meets this season.

Time-bound – SMART goals aren't open-ended. There must be a specific timeframe to complete them in. If the goal isn't met within that timeframe, it hasn't been met.

- Not time-bound: I'm going to save \$5,000 for a down payment on a car.
- Time-bound: I'll save \$5,000 for a car down payment within 12 months of my release.

Here's an example of a goal that meets all the SMART criteria:

I'm going to earn my CDL within 90 days of my release so that I can get a full-time truck driving job with benefits within 6 months of release.

Transition Checklist

The following checklist will help you keep track of the things that you need to do prior to and shortly after your release. They also provide a framework for your transition plan.

1. DIRECTION

Before developing a plan, you have to clearly define your destination. What do you intend to ultimately accomplish? What do you intend to become? Refer to the SMART Goals sheet.

- ☐ SMART goals written down
- ☐ Identity goals written down

2. DOCUMENTATION & IDENTIFICATION

You will need the following forms of identification to do many essential things (set up a bank account, get a job, get a phone, drive a vehicle, etc.). Get this done first.

- ☐ Birth Certificate (original)
- ☐ Social Security Card (original)
- ☐ Driver's License or State ID
- ☐ VA benefit card (if applicable)
- ☐ Register for Selective Service

3. EMPLOYMENT

After your release, you will need to earn a living for yourself and your family. While you may have to initially get any reasonable job just to pay the bills, we urge you to work toward a career that uses your skills, talents and interests.

- ☐ List skills
- ☐ Document work & training experience
- ☐ Develop list of potential references
- ☐ Set SMART career goals
- ☐ Create Resumé
 - ☐ Free of spelling/grammar errors & proofread by someone else
 - ☐ Saved on computer and printed copies
- ☐ Get copy of your Criminal Background Check
- ☐ Job applications submitted
- ☐ Federal Bonding Voucher / Work Opportunity Tax Credit (as applicable)
- ☐ Training / Certification / Education plan

4. FINANCES

Once you have an idea of income, you can set up a budget and determine how much you can afford for transportation, housing, food, and other essentials. If you have debt, you'll also need to develop a plan for paying it off.

- ☐ Set up Bank Account
- ☐ Check Credit score
- ☐ Create Budget

5. PLAN FOR ESSENTIALS

With an income and a budget, you know how much you can afford for various essentials. Within those limits, where will you live? How will you get around? Where will you get food and clothing initially? These may include short-term plans (like transitional housing) that will change after you get established and your income increases.

- ☐ Plan for housing
- ☐ Plan for transportation
- ☐ Plan for clothing
- ☐ Plan for food
- ☐ Cell phone

6. PERSONAL CARE

As you work through meeting your immediate, external needs (food, shelter, clothing, etc.), you need to also consider your longer-term and internal needs. Health care is a necessity for everyone, and many of us need mental health or addiction recovery services as well.

- ☐ Set up Health Insurance / Health Care
- ☐ Mental Health Services (as required)
- ☐ Substance Abuse / Addiction Recovery (as required)

7. CONNECTION

As the old saying goes, "no man is an island." You are not an isolated individual, and your process of transformation and transition must include others. Though it may be uncomfortable at first, make it a priority to seek mentors, positive role models, and others for wisdom and accountability. Get plugged into discipleship classes or community groups. Those connections with others will largely determine if you succeed or fail in this process.

Relationships (individuals)

- ☐ Cut off toxic relationships
- ☐ Repair broken relationships
- ☐ Build positive relationships

Community (groups)

- ☐ Sever ties with negative community(ies)
- ☐ Identify positive community(ies)
- ☐ Integrate into positive community(ies)

8. RESPONSE TO GOD

The God who created you and gave you life has extended an invitation to you to be forgiven, set free from sin, and adopted into His family. How you respond to God is the most critical choice that you will make in life. It will determine both your direction in this life and your destination for all eternity. Everyone chooses. Either to deny His existence, to run from Him, to rebel against Him, or to accept His invitation and follow Him. Even avoiding the question is a choice. What is yours? Refer to "**Becoming a Follower of Jesus Christ**" document at the end of this handbook.

ONE STOP SHOPS

There are several local organizations that have years of experience helping returning citizens and others in transition. They offer many different services and can connect you to a wide variety of resources. You can often get more done in a single visit to one of these organizations than you would in a week of running around or researching things on your own.

SC Thrive

SC Thrive is a statewide nonprofit organization that offers solutions to South Carolinians in need of resources but facing barriers. They meet people where they are in life and help to move them toward self-sustainability. They focus on food security, health care resources and financial wellness trainings through work supports such as SNAP, Medicaid and free tax filing. SC Thrive connects people to resources. With the assistance of a SC Thrive Benefits Counselor, returning citizens can apply for nearly all services and resources from a personalized Thrive Hub account.

2211 Alpine Road Ext.
Columbia, SC 29223

Phone: (803) 726-8774
Website: www.scthrive.org

Alston Wilkes Society

Alston Wilkes is a nonprofit organization that has been around since 1962 and offers a wide variety of services to justice involved individuals, veterans, and at-risk youth.

3519 Medical Drive
Columbia, SC 29203

Phone: (803) 799-2490
Website: <https://www.alstonwilkessociety.org>

United Way

United Way's 211 website has links to an incredible number of resources throughout the state including food, housing, clothing, transportation, legal, education, employment, mental health, health care, senior services, veterans, homeless, inmate & reentry services, and much more. Searches can be narrowed down by location (city or zip code), or by topic.

Website: <https://sc211.org>

Christ Central Ministries

Christ Central Ministries began as a cooperation of a number of local churches in the Columbia area focused on meeting the needs of the community. Over the years it has grown and expanded to offer many services to those in need. Contact them or stop by to see all the ways in which they can help.

1711 Pendleton Street
Columbia, SC 29201

Phone: (803) 600-5803
Website: <https://www.christcentralministries.org>

IDENTIFICATION

BIRTH CERTIFICATE

Since you will need your birth certificate to get a government-issued picture ID, make sure that you do this first. In most cases, you can take care of this while still behind bars. If a family member has your birth certificate, have them mail it to you or be prepared to get it to you immediately upon release. If your birth certificate has been lost, there are still a couple of ways that you can obtain a copy. SC Thrive can help you apply for this through the Thrive Hub.

1. If you were **not** born in South Carolina, you can go through an online company called VitalChek. The cost is \$27.50 and you'll need someone you can trust on the outside to submit the application for you online (www.vitalchek.com). You'll also require some kind of picture ID to verify your identity. Specific requirements differ from state to state.

2. If you were born in SC, you can fill out the application included in the following pages and mail it to the address below. The cost is \$12 and you'll still need to submit some kind of picture ID. The list of accepted options is included in the application. Applications that are mailed in typically take 2-4 weeks to process. If you have someone on the outside who can turn your application in to the DHEC office in person, they should be able to receive the birth certificate back in less than an hour.

DHEC Vital Records
2600 Bull St.
Columbia, SC 29201

PICTURE ID

As soon as you are released, get a government-issued picture ID. This will be required for almost everything you do after that including applying for benefits, applying for jobs, getting health care, renting an apartment, opening a bank account, and many others. This picture ID can be a driver's license or a South Carolina State ID. Both of these are issued by the Department of Motor Vehicles (DMV) and use the same application form.

1. Driver's License. The basic fee for obtaining a driver's license is \$25. Additionally, you'll need the following:

- a) Knowledge test (if you haven't had a license before) Cost is \$2.
- b) Skills test/road test (drive in a car with a DMV examiner)
- c) Vision test (can be done at the DMV)
- d) Application form 447-NC filled out (included in this section)
- e) Birth certificate
- f) Verification of address (physical address, not PO Box)

*If your license was suspended, there's a \$100 reinstatement fee for each suspension. If you owe more than \$300, you may be eligible for a payment plan.

2. State ID card. There are no tests required and no fee for the State ID card.

Requirements:

- a) Birth Certificate
- b) Verification of physical address (not PO Box)
- c) Application 447-NC form filled out (included in this section)

See www.scdmvonline.com for more details.

SOCIAL SECURITY CARD

Another form of ID that you'll need to get a job, set up a bank account, and do many other things is your Social Security Card. If your card has been lost along the way, you can order a replacement card through the mail or physically go to the Social Security Administration office downtown and get it there. You will need:

- a) Your birth certificate
- b) A government-issued ID (State ID, driver's license, SCDC ID, passport, etc.)

Fill out the application form included in this section and submit it along with the documents above to:

The Social Security Administration
1835 Assembly Street
Columbia, SC 29201

VETERAN OR VETERAN HEALTH ID CARD

If you are a U.S. military veteran with an honorable or general discharge under honorable conditions, you are eligible for a veteran ID card. This can serve as a government-issued ID card and provide you with discounts at many restaurants or other venues. A veteran ID card can only be applied for online. Find out more at <https://www.va.gov/records/get-veteran-id-cards/>. You will need the following:

- a) Your social security number
- b) Your DD-214 showing the type of discharge you received
- c) A current, valid picture ID (like driver's license or state ID)
- d) A digital color photo of you from the shoulders up

If you are a military veteran, you may be eligible for VA health care. Once enrolled in VA health care, you will receive a Veteran Health Identification Card (VHIC). This card grants you access to VA facilities and services, serves as a government-issued picture ID, and also grants you access to veteran discounts by restaurants, businesses, and stores. Factors that determine your eligibility for VA health benefits include when and where you served, whether you have any service-related conditions or injuries, and your income. More details can be found at <https://www.va.gov/records/get-veteran-id-cards/> and the application form is on p. 40 of this handbook.



Vital Records Birth Application

A photocopy of a current government, school or employer photo identification of the applicant must be submitted with all requests.
Applications without proper identification will be returned unprocessed.

Name of applicant: _____ Day phone number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email address: _____

Note: Mail from Vital Records will not be forwarded by the USPS.

Address certificate to be mailed to if different than applicant's address:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Your relationship to person named on the certificate. (Check one - will be used to determine entitlement)

☐ Self ☐ Legal Guardian ☐ Legal representative (for whom?) _____

☐ Parent ☐ Other (specify) _____

For what purpose are you requesting this certificate? _____

By signing this application, I understand that making a false application for a vital record is a felony under state law.

Signature of applicant: _____

INFORMATION FOR BIRTH CERTIFICATE BEING REQUESTED:

Full name: _____
First Middle Last Suffix

Date of birth: _____ Sex: _____ City of birth: _____ County of birth: _____

Name of mother/parent prior to first marriage: _____
First Middle Last

Name of father/parent prior to first marriage: _____
First Middle Last

Mother/parent state or foreign country of birth: _____ Father/parent state or foreign country of birth: _____

Were parents married at time of birth: ☐ Yes ☐ No Number of children born in SC to this mother/parent? _____

Name at birth if ever changed for any reason other than marriage: _____

FEES

SEARCH FEE: A \$12 "search fee" is required by SC Law Section 44-63-110. The \$12 search fee is non-refundable. The required search fee includes one (1) certification, if record is located. Additional copies purchased at the same time are \$3 each. Acceptable methods of payment for mail requests are a money order or cashier's check made payable to SC DHEC. Onsite customer service also accepts credit and debit cards and cash.

Required Search Fee (Non-refundable, Includes one copy if found)	\$12.00	\$12.00
Each additional copy	x \$ 3.00	
	Number of additional copies	

Total fees submitted: _____

Send completed application to: SC DHEC – Vital Records, 2600 Bull Street, Columbia, SC 29201

Along with completed application, be sure to include payment and photocopy of proper identification.

OFFICE USE ONLY SFN: _____ DCN: _____

Vital Records Application for Birth Certificates

Instructions and Information

Information

BIRTHS – SC Law did not require the filing of birth records until January 01, 1915. Birth records on file at SC DHEC are not available for public viewing.

A birth record becomes public record one hundred (100) years after the date of birth. Non-certified copies of public birth records are issued unless a certified copy is specifically requested. The \$12 "search fee" is required for each request of a public birth record.

TURNAROUND TIME – The usual turn around time for 'waiting' on-site customers is approximately thirty (30) minutes, excluding amendments, during non-peak hours (8:30 am - 11:00 am and 2:00 pm - 4:00 pm). The usual turn around time for "mail" requests, excluding amendments, is approximately 2 - 4 weeks from the date of receipt.

If it has been more than four (4) weeks since you submitted your request, excluding amendments, call (803) 898 3630 to determine the status.

IDENTIFICATION – A valid/current government, school or employer issued photo identification document of the **applicant** is required before a search of the records will be conducted. Requests that do not contain proper identification will be returned unprocessed. Acceptable documents are:

1. Any United States' DMV Office issued picture identification i.e. Driver's License, ID card, Learner's Permit (unexpired)
2. Current school or employer picture identification card
3. Military card (unexpired – active duty or retired member)
4. United States Passport (unexpired)
- 5 Foreign Passport (unexpired)
6. Re-Entry Permit (I-327 – unexpired)
7. Refuge Travel Document (form I-571 – unexpired)
8. United States Citizen Identification Card (form I-197)
9. Temporary Resident Card (form I-688 – unexpired)
10. Permanent Resident Card (form I-551 – unexpired)
11. Weapon or gun permit issued by federal, state or municipal government (unexpired)

Website – www.dhec.sc.gov/vr provides additional information on SC Vital Records.

PAYMENT – Acceptable methods of payment for mail requests are a money order or cashier's check made payable to SC DHEC. Onsite customer service also accepts credit and debit cards and cash.

SEARCH FEE – A \$12 "search fee" is required by SC Law Section 44-63-110. **The \$12 search fee is non-refundable.** The required search fee includes one (1) certification, if record is located. Additional copies, of the same record ordered at the same time, are \$3 each.



South Carolina Department of Motor Vehicles

Instructions on Completing an Application for a Beginner's Permit, Driver's License or Identification Card (Non-Commercial)

447-NC (IS)
(Rev. 06/2021)

Form 447-NC is used to enter personal data into the SCDMV system in order to create an SC state issued card. The class license defines the type of vehicle(s) you are allowed to operate.

- **Class D** license permits you to operate non-commercial passenger vehicles, such as cars and trucks, which do not exceed 26,000 pounds gross vehicle weight.
- **Class E** license permits you to operate non-commercial, single unit vehicles that exceed 26,000 pounds gross vehicle weight such as a truck or motor home.
- **Class F** license permits you to operate non-commercial, combination vehicles that exceed 26,000 pounds gross vehicle weight.

All of the class licenses listed above may also operate mopeds and three-wheel vehicles (excluding two-wheel motorcycles with side cars)

- **Class G** license permits you to only operate mopeds as defined by SC Code Section 56-1-1710.
- **Class M** license permits you to operate two-wheel motorcycles, two-wheel motorcycles with a detachable side car, three-wheel vehicles and mopeds.

Form 447-NC is a legal document to be completed in its entirety. Please follow these instructions when completing the form.

STEP 1 - Check the box for the type of card you want (BP, ID, DL, or moped). Also, check yes if you want it to be a REAL ID card or no if you want it to be a standard card.

STEP 2 - Personal Information

- Enter your **beginner's permit, driver's license or identification card number** as seen on the SC card if you currently hold one. If applying for an original SC card, leave this field blank and the Customer Service Representative (CSR) will complete it.
- Enter your **customer number**, if known. If not known the CSR will enter it.
- Enter your current legal name in this order: **last name, first name, and middle name**.
- If applicable, enter your **suffix**. All suffixes except for "Sr" must have supporting documents.
- Enter your **current residence address**. It cannot be a Post Office Box. This is the address that the SCDMV will send mail to unless a specified special or temporary mailing address is on file.
- Enter your **current phone number**, and enter your current email address.
- Enter your **social security number** exactly as it appears on your social security card.
- Enter your **date of birth** exactly as it appears on the birth certificate as month-day-year.
- Enter your **height** as feet and inches, and enter your **weight** in pounds.
- Enter your **eye color**: black, blue, brown, dichromatic (two different eye colors), gray, green, hazel, maroon, pink, or unknown.
- Enter your **race**
- Check the appropriate box to indicate whether you are a **male** or a **female**.

Optional - Add or delete special or temporary mailing address

- Enter a **Special Mailing Address** if you want us to send mail to an address other than your residence.
- Mark the **Yes** box to delete a current special mailing address that is now on file.
- Enter a **Temporary Mailing Address** and expiration date if you want us to send mail to a location other than your residence.
- Mark the **Yes** box to delete a current temporary mailing address that is now on file.
- Enter the **Expiration Date** for the temporary mailing address, if applicable.

STEP 3 – Optional designations

Check each appropriate box and provide the required documentation if you want your record to indicate that you are medically diagnosed with autism; and/or if you want your card to designate that you are a Veteran and/or Hearing Impaired.

Veterans must provide one of the following documents:

- DD-214 that shows a characterization of service or discharge status of "honorable" or "general under honorable conditions"; or
- NGB Form 22 that shows a status listed above and establishes the qualifying military service of **at least twenty years in the National Guard**;
- Letter from a Military Reserve component notifying the recipient of the person's eligibility for retirement pay at age sixty (twenty-year letter); or
- Veteran Identification Card (VIC). However, a *Veterans Health Identification Card (VHIC) is not an acceptable document*

STEP 4 - Opportunity to Donate Organs and Tissue (optional)

Check **YES** if you want a heart symbol placed on your card designating your desire to be an organ and tissue donor and/or to make a monetary donation to Donate Life SC. **IMPORTANT: If you are currently registered as an organ and tissue donor you must check "YES" to have the red heart reprinted on your license.**

STEP 5 - Opportunity to Register to Vote or update voter registration address

Check the box that describes your decision in regards to registering to **vote**. In order to vote you must be a US citizen and meet age requirements to complete an SCDMV Voter Registration Application.

STEP 6 - Questions (If applying for an identification card, only complete questions 1 thru 4)

Check Yes or No to questions 1 thru 12. These questions pertain to residency, existing licenses, and medical conditions.

STEP 7 - Automobile Insurance (Do not complete if applying for an identification card)

Check the **statement about insurance** that applies to you if applying for a driver's license.

STEP 8 – Consent for Minor

If you are under the age of 18, an authorized adult must complete the Consent for Minor Form (447-CM) when applying for an original beginner's permit or driver's license, or when adding a waiver to a Special Restricted license.

STEP 9 - Certification

As the applicant, you must read the statement, then print your name, sign and enter date of application.



South Carolina Department of Motor Vehicles Application for Beginner's Permit, Driver's License, or Identification Card

Complete this form for Non-Commercial Class Licenses or Permits: D, E, F, G, or M
Commercial Customers must complete Form 447-CDL for Class A, B, or C Licenses or Permits

447-NC
(Rev. 06/2021)

South Carolina and federal law dictates that motor vehicle and driver's license records maintained by the SCDMV may be disclosed in certain situations. For further details on the disclosure of personal information and the types of information disclosed, go to the SCDMV website www.scdmvonline.com/Privacy.

NOTICE: Renew your non-commercial driver's license online at www.scdmvonline.com.

Commercial driver's license holders and international customers are not eligible to renew online.

STEP 1 - TYPE OF CARD

A. What type of card do you want? (Check one) ☐ Beginner's Permit ☐ Driver's License ☐ Identification Card ☐ Moped

B. Do you want it to be a REAL ID card? (Check one) ☐ Yes ☐ No

- If you select Yes, you must provide the required documents (if you have not done so already) and a gold star will be printed on your card. Reference the documents required for a REAL ID on Forms MV-93 for US citizens or Form MV-94 for international customers.
- If you select No and are visiting an SCDMV branch office, you must complete a Statement of Understanding (Form DL-005A) because your card will have the words NOT FOR FEDERAL IDENTIFICATION printed across the front of it. You must also visit an SCDMV office and provide the required documents if you do not currently have a valid SC card or you are not a US citizen. Reference the documents required for a standard card (one proof of address; proof of identity, date and place of birth; and social security number) on Forms MV-93 for US citizens or Form MV-94 for international customers.

STEP 2 - IDENTIFICATION

Beginner's Permit, Driver's License, or ID Number

Customer Number

Last Name

First Name

Middle Name

Suffix

Residence Address (Must be your current address of residence and cannot be a P.O. Box)

County

City or Town

State

Zip Code

Phone Number

Email Address

Social Security Number* (SSN)

Date of Birth

Height

Weight

Eye Color

Race

Gender

Month

Day

Year

Feet

Inches

☐ Male

☐ Female

* Your Social Security number is required for the purposes of identifying you and preparing jury lists pursuant to South Carolina Code of Laws Sections 56-1-90 and 14-7-130.

I understand the SCDMV will send mail to the residence address above unless I have specified a special or temporary mailing address below.

Complete this section if you want to ADD or DELETE a special and/or temporary mailing address to or from your file.

Special Mailing Address - Optional to have your mail sent to an address different from residence address

County

City or Town

State

Zip Code

Do you want to DELETE a special mailing address now on file?

☐ Yes

Temporary Mailing Address - Optional to have your mail sent to an address for a limited time period

Expiration Date

City or Town

State

Zip Code

County

Do you want to DELETE a temporary mailing address now on file?

☐ Yes

STEP 3 - OPTIONAL

On my card I wish to be designated as being:

- ☐ Autistic - Must provide a statement that you are medically diagnosed with autism from a physician who is licensed to practice in SC.
- ☐ Hearing Impaired - Must complete Application for the Hearing Impaired, SCDMV form RG-004A.
- ☐ Veteran - Must provide DD-214 that indicates you were honorably discharged or one of the other acceptable documents listed on the 447-NC information sheet.

STEP 4 - ORGAN AND TISSUE DONATION



☐ YES, I want to be an organ and tissue donor.

☐ YES, I wish to donate \$5.00, more or less, to Donate Life SC. Amount of donation \$ _____ .00

If you are currently registered you must check "YES" to have the red heart reprinted on your license. If you marked "YES," you verify that you have read the organ donor statement below and you authorize the SCDMV to send your personal information to the SC Organ and Tissue Donor Registry. A red heart will be printed on the front of your driver's license.

Organ Donor Statement - If you marked YES that you want to be an organ and tissue donor upon death, your authorization shall serve as a legally binding document as outlined under the SC Uniform Anatomical Gift Act. Except in the case where the donor is under the age of 18, the donation does not require the authorization of any other person. For donors under the age of 18, the legal guardian of the donor shall make the final decision regarding the donation.

If you change your decision to authorize in the future or wish to be removed from the SC Organ and Tissue Donor Registry, you can go online to www.DonateLifeSC.org or contact Donate Life SC at 1-87-PASS-IT-ON. You may also have your name removed from the registry by visiting any SCDMV office or www.SCDMVonline.com while completing a credential transaction. The SCDMV will assess an administrative fee for the change and there may be a 72 hour delay in removing your name from the SC Organ and Tissue Donor Registry.

STEP 5 - VOTER REGISTRATION (check one)

Do you want to register to vote or update your address with the County Registration Board?

* Must be a US Citizen and meet requirements to complete an SCDMV Voter Registration Application.

☐ Yes, I wish to register to vote or update my voter registration address.

☐ No, I do not wish to register to vote.

☐ No, I am not eligible to register to vote.

☐ No, I am already registered to vote and do not wish to update my voter registration address.

SEX OFFENDER REGISTRY NOTICE

SC Code Section 23-3-460 states that a person who has been convicted anywhere of an offense listed in 23-3-430 must register with the county sheriff within 3 days of establishing residency in South Carolina. A copy of the Sex Offender Registry Law is available upon request (www.scstatehouse.gov/code/t23c003.php).

STEP 6 - QUESTIONS 1 through 12 **MUST** be answered for permits and licenses **Only answer questions 1 - 4 for an identification card**

1. Are you a resident of South Carolina?..... ☐ Yes ☐ No
2. Are you a citizen of the United States?..... ☐ Yes ☐ No
3. Do you now have or have you ever had a South Carolina identification card, beginner's permit, driver's license, or moped license? If yes, give the number and name if different from number and name given on this application ☐ Yes ☐ No
4. Do you now have or have you ever had an identification card, beginner's permit, driver's license, or moped license from another state or country? If yes, list information from last time issued. **State/Country** _____ **License Number** _____ and **Issue Date** _____ ☐ Yes ☐ No
5. Is your beginner's permit, driver's license, moped license, or privilege to drive suspended, cancelled, revoked or disqualified in any state? If yes, where? _____ when last? _____ ☐ Yes ☐ No
6. Have you recently surrendered your beginner's permit, driver's license, or moped license in court or to a law enforcement officer? If yes, when? _____ Reason _____ ☐ Yes ☐ No
7. **In the past 12 months**, have you experienced a loss of consciousness, muscular control or seizure?..... ☐ Yes ☐ No
8. **In the past six months**, have you experienced a heart attack or heart surgery?..... ☐ Yes ☐ No
9. Have you had a stroke and not recovered sufficiently to safely operate a motor vehicle at this time? ☐ Yes ☐ No
10. Are you a habitual user of alcohol or any other drug to a degree which prevents you from safely operating a motor vehicle at this time?..... ☐ Yes ☐ No
11. Do you have any mental or physical condition preventing you from safely operating a motor vehicle at this time?..... ☐ Yes ☐ No
If yes, please list condition(s): _____
12. Has your doctor recommended you not drive or placed restrictions on your driving at this time? ☐ Yes ☐ No
If yes, what are the restrictions? _____

STEP 7 - AUTOMOBILE INSURANCE INFORMATION Check and complete the statement that applies to you.

- ☐ Under penalties of perjury, I declare that I am insured with the following insurance company and will maintain liability insurance throughout the issuance period. COMPANY NAME: _____
- ☐ No motor vehicle required to be registered in South Carolina is owned by me or any relative residing in my household.

STEP 8 - CONSENT FOR MINOR

The SCDMV Consent for Minor Form (447-CM) must be completed for all customers under the age of 18 who are applying for an original **beginner's permit or driver's license**; or adding a waiver. An emancipated minor must also submit one of the following as proof of emancipation (*Only the original or certified copies will be accepted*):

☐ Court Order ☐ Certificate of Marriage ☐ Active Military Orders

STEP 9 - CERTIFICATION

I certify under penalty of perjury that all information and statements made in this application are true and correct as of the date of this application. I also certify that I do not have a valid driver's license other than the one(s) reported in questions #3 and #4 above and that my privilege to operate a motor vehicle is not now or subject to be suspended, cancelled, revoked or disqualified at the time of this application.

I understand that I am receiving an SC credential based on the information provided on this application, and that the SCDMV will verify all information. I also understand that if my privilege to drive is ever suspended, cancelled or revoked in SC or any other state, my SC license will be revoked until I have met all reinstatement requirements in SC and any other states.

Customer's Printed Name _____

Customer's Signature _____

Date _____

FOR THE SCDMV USE ONLY

<input type="checkbox"/> Exchanging Out-of-State Permit for a SC Permit or License		State: _____	OOS BP/DL NO.: _____
Qualifies for a REAL ID Card		<input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____	
Type:	<input type="checkbox"/> Duplicate <input type="checkbox"/> Modified <input type="checkbox"/> Original <input type="checkbox"/> Provisional <input type="checkbox"/> Re-exam <input type="checkbox"/> Reissue <input type="checkbox"/> Renewal <input type="checkbox"/> Route Restricted <input type="checkbox"/> Temporary Alcohol		
Class:	<input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G (Moped) <input type="checkbox"/> ID <input type="checkbox"/> M (Motorcycle)		Restrictions: _____
Identification Submitted:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport/Visa <input type="checkbox"/> SSN <input type="checkbox"/> Proof of Residency		
Knowledge Test Results			
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Score: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Score: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Score: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Score: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Score: _____	
Skills Test Results			
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Comments: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Comments: _____	
Date: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Comments: _____	

Hearing Impaired: <input type="checkbox"/> Deaf <input type="checkbox"/> Poor <input type="checkbox"/> Good			
Missing Extremities: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____			
Vision	Right	Left	Both
With corrective lens	20/	20/	20/
Without corrective lens	20/	20/	20/
Office Number: _____			
Employee Signature: _____			

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You **MUST** provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We **CANNOT** accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and does not affect decisions on your application. We request this information for research and statistical purposes, to ensure all our customers receive fair and equal treatment.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you **MUST** show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. **WHO CAN SIGN THE APPLICATION?** If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT
Collection and Use of Personal Information

Sections 205 and 702 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from assigning you a Social Security number and issuing you a new or replacement Social Security card.

We will use the information you provide to issue you a replacement Social Security card. We may also share your information for the following purposes, called routine uses:

- To Federal, State, and local entities to assist them with administering income maintenance and health maintenance programs, when a Federal statute authorizes them to use the Social Security number; and
- To student volunteers, persons working under a personal services contract, and others when they need access to information in our records in order to perform their assigned agency duties.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0058, entitled Master Files of Social Security Number (SSN) Holders and SSN Applications, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take between 5 and 60 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD	First	Full Middle Name	Last	
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last	
	OTHER NAMES USED				
2	Social Security number previously assigned to the person listed in item 1		<div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country FCI			4 DATE OF BIRTH MM/DD/YYYY	
5	CITIZENSHIP (Check One)	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)			
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7 RACE Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian		
8	SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female			
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH	First	Full Middle Name	Last	
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)	<div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<input type="checkbox"/> Unknown
10	A. PARENT/ FATHER'S NAME	First	Full Middle Name	Last	
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)	<div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<input type="checkbox"/> Unknown
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
12	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last	
13	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY	
14	TODAY'S DATE MM/DD/YYYY	15 DAYTIME PHONE NUMBER	Area Code Number		
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No.			
		City	State/Foreign Country	ZIP Code	
17	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.				
	YOUR SIGNATURE	18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____			
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)					
NPN		DOC	NTI	CAN	ITV
PBC	EVI	EVA	EVC	PRA	NWR DNR UNIT
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
				DATE	
				DCL DATE	

EMPLOYMENT

Finding quality employment is an essential part of your transition plan. Well before your release, there are many things that you can do to prepare for this. First is to assemble as much information as possible of what is usually required on a job application or a resume. Begin by compiling a work history of your past jobs (see **Work History** form in this section). This may include jobs in while in SCDC. Next, list all education and training you've completed, including classes and certifications gained in the military or during incarceration. As much as possible, find documentation to prove that training. Finally, list your qualifications, skills and strengths (see **Skills & Interests** document for ideas). If possible, pull that information together into a resume.

Another essential step to take before beginning the job application process is to get a copy of your SC criminal background check. This will allow you to see what your employer will see when a background check is run. If any of the information is incorrect, you can take steps to have it corrected. This will also allow you to prepare a clear, honest, and concise response to any questions about your criminal background. The **Criminal Record Check** form is included at the end of this section. It should be completed and mailed to SLED along with a certified/cashier's check or money order for \$25. SLED will not accept cash or personal checks.

On a job application, read any question about your criminal background very carefully and answer honestly. If the question asks, "have you been convicted of a felony in the past 10 years?" but your felony was committed 12 years ago, the answer is "NO." If you do have to answer yes to a question about your criminal record, write "will explain at interview" as an explanation.

In addition to the resources listed above, you should be aware of some programs that provide incentives to employers who hire returning citizens. One is the **Work Opportunity Tax Credit** or **WOTC**. It provides a tax credit to employers who hire people in target groups (one of which is a convicted felony offender hired within one year of conviction or release date). Material explaining this tax credit is included in this section.

Another program that should be mentioned to potential employers when you apply for a job is the **Federal Bonding Program**. The program insures your employer against any dishonesty on your part during your first six months of employment. You can obtain a letter from SC Works with your name on it that will explain the insurance coverage to your potential employer. A brochure explaining the program is included in this section.

The following table provides some additional employment resources.

EMPLOYMENT RESOURCES

Name	Contact Information	Services
SC Vocational Rehabilitation Dept.	1400 Boston Ave. West Columbia, SC 29170 (803) 896-6040 www.scdvr.net	Job shadowing, mentoring, job tryouts, job search and placement
SC Dept. of Employment and Workforce	700 Taylor St. Columbia, SC 29201 (803) 737-5627 www.dew.sc.gov	Job placement, listings of current job openings, resume tips
Goodwill Job Connection Services and Good Start Reentry Program	2744 Decker Blvd. Columbia, SC 29206 (803) 865-1770 555 St. Andrews Rd. Columbia, SC 29210 (803) 772-7900 For more locations call toll free: (877) 538-7975 www.goodwillsc.org/find-work	Resume and cover letter construction, advice, and guidelines, job leads and referrals for local employers, interviewing practice and employability advice, employer cold calling preparation, state criminal background checks, job fairs.
SC Works Midlands	Richland County: 700 Taylor St. Columbia, SC 29201 (803) 737-5627 Lexington County: 671 Main Street West Columbia, SC 29170 (803) 359-6131 Fairfield County: 96 US Highway 321 Bypass South Winnsboro, SC 29180 (803) 815-0627 www.scworksmidlands.org/columbia	Skilled employment specialists, thousands of local job listings, training resources, and full-service resource center with free phones, fax machines, copiers, and computers with internet access and resumes building tools; a veterans representative is available at this location.

Employment Resources (cont'd)

Employment Resources (cont'd)Midlands Technical College	<p>Airport Campus: 1260 Lexington Drive West Columbia, SC 29170</p> <p>Batesburg--Leesville Campus: 423 College Street Batesburg-Leesville, SC 29070</p> <p>Beltline Campus: 316 South Beltline Boulevard Columbia, SC 29205</p> <p>(803) 738-8324</p> <p>www.midlandstech.edu/student-resources/student-employment-services</p>	MTC can help you decide what to study, excel as a student and find a job as well as providing tips that are designed specifically for those who have been incarcerated
Richland County Public Library's Business, Careers and Research Center	<p>1431 Assembly Street Columbia, SC 29201 (803) 929-3401</p> <p>www.richlandlibrary.com/main</p>	Practice interviewing skills, work on resume, consult with a career coach, assistance with small business resources, career online high school, job searches.
Action Labor	<p>2111 Wayne Street Columbia, SC 29201 (803) 256-6010</p> <p>https://actionlabor.com/locations/columbia/</p>	Staffing agency for general labor in the local area
Labor Finders	<p>1225 Rosewood Dr. Columbia, SC 29201 (803) 779-1210</p> <p>https://www.laborfinders.com/sc/columbia</p>	Staffing agency for general labor in the local area
Telemon Corporation Workforce & Career Services	<p>State Administrative Office 2000 Park State Street, Suite 103 Columbia, SC 29201 (803) 256-7411</p> <p>https://www.telamon.org</p>	National organization offering employment & training services, housing & financial empowerment, and more.

Work History

1. Current or most recent job

Dates Worked: From _____ To _____

Company / Institution: _____

City / State: _____

Position Name / Title: _____

Responsibilities: (Be Specific / What did you do on the job?)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Supervisor/reference:

Name: _____

Phone #: _____

Email: _____

2. Previous job

Dates Worked: From _____ To _____

Company / Institution: _____

City / State: _____

Position Name / Title: _____

Responsibilities: (Be Specific / What did you do on the job?)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Supervisor/reference:

Name: _____

Phone #: _____

Email: _____

3. Next previous job

Dates Worked: From _____ To _____

Company / Institution: _____

City / State: _____

Position Name / Title: _____

Responsibilities: (Be Specific / What did you do on the job?)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Supervisor/reference:

Name: _____

Phone #: _____

Email: _____

4. Next previous job

Dates Worked: From _____ To _____

Company / Institution: _____

City / State: _____

Position Name / Title: _____

Responsibilities: (Be Specific / What did you do on the job?)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Supervisor/reference:

Name: _____

Phone #: _____

Email: _____

Experience/Skills/Interests

- Accounting
- Assembly
- Appraising
- Audio installation
- Audio engineering
- Agriculture
- Bar tending
- Building
- Barber
- Brick laying
- Child Care
- Cleaning
- Carpentry
- Concrete
- Construction
- Counseling
- Cooking
- Computer repair
- Communications
- Cashier
- Customer Service
- Catering
- Drawing
- Detailing
- Driving
- Drilling
- Dentistry/ dental tech
- Data entry
- Delivery
- Fabrication
- Flooring installation
- Forklift
- Food prep
- Fashion design
- Farm work
- Factory work
- Firefighting
- Filing
- Fishing
- Finance
- Fence building
- Gardening
- Housekeeping
- HVAC
- Hardware
- Inventory control
- Landscaping / lawn care
- Livestock
- Marketing
- Manufacturing
- Masonry
- Mechanic
- Music
- Ministry
- Painting
- Plumbing
- Power washing
- Packaging
- Park Ranger
- Programming
- Record Keeping
- Research
- Repair
- Roofing
- Real Estate
- Singing
- Sales
- Salvage
- Sewing
- Shipping
- Sports equipment
- Supervising
- Stock market
- Teaching
- Training
- Trucking
- Transportation
- Welding
- Wiring
- Writing
- Web design
- Window installation



South Carolina Law Enforcement Division

P.O. Box 21398
Columbia, South Carolina
29221-1398

Henry D. McMaster, Governor

Mark A. Keel, Chief

Tel: (803) 737-9000

CRIMINAL RECORD CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): _____

AKA and/or MAIDEN NAMES: _____

DOB: _____ SSN: _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

(A self addressed stamped envelope is required for the return of background

CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY

NAME OF ORGANIZATION: _____

VERIFICATION NUMBER (as provided by SLED for online checks): _____

SCHOOL DISTRICTS ONLY – POSITION APPLIED FOR: _____

(A self addressed stamped envelope is required for the return of background check)

PLEASE NOTE:

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. **PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED.** This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

****SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.***

(CJ-022) Revised 09/25/15



An Accredited Law Enforcement Agency





WORK OPPORTUNITY TAX CREDIT

Quick Reference Guide for Employers

Did you know that in 2020, State Workforce Agencies issued 1.6 million certifications to employers seeking a Work Opportunity Tax Credit (WOTC)?

WHAT IS WOTC?

The WOTC is a federal tax credit available to employers who invest in American job seekers who have consistently faced barriers to employment. Employers may meet their business needs and claim a tax credit if they hire an individual who is in a WOTC **targeted group**. Employers must apply for and receive a certification verifying the **new hire** is a member of a targeted group before they can claim the tax credit. After the required certification is secured, taxable employers claim the WOTC as a general business credit against their income taxes, and tax-exempt employers claim the WOTC against their payroll taxes.

BENEFITS TO EMPLOYERS

The credit available ranges from **\$2,400** up to **\$9,600**, depending on the targeted group and qualified wages paid to the new employee generally during the first year of employment. Generally, the credit is 40% of qualified first-year wages for individuals who work 400+ hours in their first year of employment.

HOW CAN EMPLOYERS FIND JOB CANDIDATES IN WOTC TARGETED GROUPS?

The [American Job Centers](#) and partnering agencies and programs can help employers connect with skilled job seekers who may be in a targeted group for the WOTC. American Job Centers (AJCs) can assist employers in recruiting talent, hosting job fairs, conducting skills assessment, and providing support to workers transitioning to new jobs.

Some jobseekers may also be pre-certified as in a WOTC targeted group. This pre-certification can be helpful, but is not required for hiring or claiming the tax credit, and job candidates that may be a good fit for your business and eligible for the WOTC may not have

a pre-certification. A state workforce agency (SWA) or **participating agency** can determine whether a job seeker may be in a WOTC targeted group, and note this determination with a **Conditional Certification**, ETA Form 9062. The state agency then gives that pre-certification to the job-ready applicant to use during their job search. The Conditional Certification serves as an official record of WOTC pre-certification by:

- ▶ Alerting prospective employers to the availability of the tax credit if the individual is hired, and
- ▶ Providing a means for employers to request a WOTC certification for the job applicant/new hire.

A “**participating agency**” is a federal, state, county, or local government agency or a grantee of these agencies. Examples of participating agencies may include:

- ▶ American Job Centers
- ▶ Vocational Rehabilitation agencies
- ▶ City and county social service offices
- ▶ Department of Corrections
- ▶ Veterans Administration and related service organizations
- ▶ Workforce Innovation and Opportunity Act (WIOA) grant recipients

State Workforce Agencies (SWA) are authorized to administer the WOTC certification process and coordinate with **American Job Centers** and partnering agencies to help employers connect with skilled job seekers who may be in WOTC targeted groups. Employers should **contact their SWA** for assistance connecting with partnering agencies and filing WOTC certification requests.

HOW CAN EMPLOYERS GET STARTED WITH WOTC?

Learn how to file a certification request by visiting the U.S. Department of Labor WOTC website at <https://www.dol.gov/agencies/eta/wotc>. View eligibility criteria for WOTC targeted groups in the **WOTC Desk Aid**, or visit the IRS website at <https://irs.gov/businesses/small-businesses-self-employed/work-opportunity-tax-credit>.

OTHER HIRING INCENTIVES FOR EMPLOYERS

Employers can expand their hiring practices with the WOTC or with other programs such as the **Federal Bonding Program (FBP)** or ‘**Employee Retention Credit**’ (ERC) under the American Rescue Plan Act.

The Federal Bonding Program (FBP). Employers can receive fidelity bonds free of charge when hiring certain job applicants. The bonds reimburse the employer for any loss due to employee theft (\$5,000

up to \$25,000), and cover the first six months of employment at no cost to the job applicant or the employer (\$0 deductible). Fidelity bonds can be applied to ANY job, ANY state, and to ANY employee (excluding a self-employed individual) who is paid wages and has Federal taxes automatically deducted. To date, FBP has issued over 50,000 bonds. Gain access to tools that help employers integrate the FBP into hiring endeavors by calling 1-877-US2-JOBS (1-877-872-5627) or visit the Bonds4Jobs website: <https://bonds4jobs.com/resources>.

The Employee Retention Credit (ERC). Under present law, the ERC is a refundable tax credit against certain employment taxes equal to 50% of the qualified wages paid by an eligible employer after March 12, 2020, and before January 1, 2021, and 70% of qualified wages paid by an eligible employer after December 31, 2020, and before January 1, 2022. Eligible employers can get immediate access to the credit by reducing employment tax deposits they are otherwise required to make. For example, a small business employer that hires an individual released from prison following incarceration for a felony within the last twelve months, and employs the individual from July 1, 2021, through December 31, 2021, could qualify for a credit of up to \$16,400 for that employee by claiming both the WOTC and the ERC, provided that the same wages are not used to calculate the WOTC and the ERC. For more information on the ERC, visit the IRS website: <https://www.irs.gov/newsroom/new-law-extends-covid-tax-credit-for-employers-who-keep-workers-on-payroll>.





Federal Bonding Program At-a-Glance

***"I have simple words for employers.
Use the Federal Bonding Program – try it
– do it! There's nothing but upside to it.
Truly, you're getting the most wonderful
employees that are out there."***

Charles Maymon, Regional CEO
American Ambulance Service

For over 50 years, the U.S. Department of Labor's (USDOL) Federal Bonding Program (FBP) has successfully provided fidelity bonds to employers, giving them access to job seekers and opening doors of opportunity where none existed. The FBP:

- **Provides access** to \$5,000-\$25,000 of fidelity bond coverage for an employee's first six months of employment
- **Is not cost-prohibitive** – employers gain access to bonds at no charge
- **Protects employers** against employee theft, forgery, larceny and embezzlement
- **Ensures coverage** for any job, in any state, and on or away from the work site. Coverage begins once an applicant receives a job offer
- **Supports** employees who work full- or part-time and have Federal taxes automatically deducted from their pay. While self-employed people cannot be covered, temporary employment agencies qualify
- **Enables employers** to obtain worker skills without taking risk

Win / Win for Employers and Candidates

Thousands of employers across the country have integrated the Federal Bonding Program into their hiring practices — industries that support our country's economy — hospitality, retail, construction, transportation, auto repair, manufacturing, healthcare, banking, tourism and more. The FBP has placed over 50,000 job seekers into employment through bonds.

This unique hiring incentive tool targets individuals whose backgrounds can pose significant barriers to securing or retaining employment, including:

- Justice-involved men, women and youth
- People in recovery from substance abuse
- TANF recipients
- Individuals with poor credit records
- Economically disadvantaged youth and adults with little or no work histories
- People dishonorably discharged from the military

People with these backgrounds *do* succeed in the workplace when given the opportunity.

1-877-US2-JOBS
www.bonds4jobs.com



The Federal Bonding Program is Simple

- ✓ NO bond approval processing
- ✓ NO papers for employer to sign
- ✓ NO Federal regulations covering bonds issued
- ✓ NO follow-up or termination actions
- ✓ NO deductible in bond insurance amount if employee dishonesty occurs
- ✓ NO bondee age requirements other than legal working age in State

Attention Employers and Job Seekers – if you are seeking bonding services:

1. Contact your State Bonding Coordinator. Find contact information at <http://bonds4jobs.com/our-services/directory>. He or she will put you in touch with a local job placement agency or organization responsible for issuing bonds.
2. Present a secure job offer to this entity.
3. Provide company information and the employee's name to the job placement agency.

The bond will be sent to the employer within 10 business days.
The process is as simple as that!

Questions? Contact Tom Villanova
at tom@bonds4jobs.com.



1-877-US2-JOBS
www.bonds4jobs.com



TRANSITIONAL HOUSING

Determining where you will live upon release is a key part of your release plan. Always have a backup plan in case your first choice falls through. If you plan to live with a friend or family member, make sure that you have clearly communicated how long you plan to be there and that they are in full agreement. If you will be relying on public transportation or other services on a regular basis, it will be important to live close to those resources.

If you have been in prison for several years, starting out at a transitional home may be the best first step. There are a limited number of transitional beds in the Midlands, so applying early may give you the best chance of having a place ready for you the day you are released.

Name	Contact Information	Description
Alston Wilkes Society	3519 Medical Dr. Columbia, SC 29203 (803) 799-2490 www.alstonwilkessociety.org	Adult residential facilities that house federal offenders in Columbia, Charleston, and Florence. Also has a shelter for homeless vets.
Providence Home	3421 N. Main St. Columbia, SC 29203 (803) 779-2927 www.providencehomecolumbia.org	Christian organization providing long-term transitional housing for men transitioning from homelessness, substance abuse, and incarceration. 60 beds
Oliver Gospel Mission	1100 Taylor St. Columbia, SC 29201 (803) 254-6470 www.olivergospelmission.org	Downtown mission offering emergency shelter for men and a residential facility for women & children. Also offers long term life development programs.
Destiny House	PO Box 7401 Columbia, SC 29202 (803) 465-6264 Email: info.p3murray@gmail.com	Christian organization providing transitional housing and programs specifically for returning citizens.
Transitions	2025 Main Street Columbia, SC 29201 (803) 708-4861 https://transitionssc.org	Largest transitional housing facility in Columbia with 260 beds serving adult men and women without children
Stepping Stones Ministry, Inc.	2123 Bull St Columbia, SC 29201 (803) 386-8077 https://ssmrecovery.org	Transitional housing and faith-based substance abuse recovery program for men and women.
Reconciliation Ministries	3120 Kay St. Columbia, SC 29210 (803) 727-4697 https://www.reconciliation-min.org	Provides a highly structured, long-term residential discipleship program for men & women seeking treatment and freedom from substance abuse.

FOOD

Until you get your feet on the ground, you may need to rely on local organizations who offer assistance to people facing food insecurity. There are a number of these organizations in the Midlands that fill various roles from providing food vouchers to hosting soup kitchens to operating food pantries. Here are just a few:

Name	Contact Information	Services
SC Dept of Social Services (DSS)	<p>Richland County: 3220 Two Notch Road Columbia, SC 29204 (803) 714-7300</p> <p>Lexington County: 1070 South Lake Drive Lexington, SC 29073 (803) 785-7333 dss.sc.gov/assistance-programs/snap/how-do-i-apply</p>	Apply for Supplemental Nutrition Assistance Program (SNAP)
The Cooperative Ministry	<p>3821 W. Beltline Blvd Columbia, SC 29204 (803) 799-3853</p> <p>www.coopmin.org/food</p>	Meet with a counselor to get assistance with food. Other services are provided including clothing, furniture, and more
Harvest Hope Food Bank	<p>2220 Shop Road Columbia, SC 29201 (803) 254-4432</p> <p>www.harvesthope.org/get-help</p>	Food pantry
Food Share	<p>2016 Harden Street Columbia, SC 29204 (803) 957-6656 https://foodsharesc.org</p>	Fresh food boxes ordered a day in advance.
Salvation Army	<p>3024 Farrow Rd Columbia, SC 29201 (803) 765-0260 www.doingthemostgood.org</p>	Food vouchers

CLOTHING

In the first few days and weeks after your release, you may initially need some help with clothing. Fortunately, there are various resources in the Midlands that you can turn to.

There are numerous thrift stores (like Goodwill) that provide slightly used clothing at affordable prices. Other organizations that provide clothing assistance are listed below.

Name	Contact Information	Services
The Cooperative Ministry	3821 W. Beltline Blvd Columbia, SC 29204 (803) 799-3853 www.coopmin.org/clothing-and-furniture-bank	Food and clothing assistance. Financial assistance for rent/mortgage and utilities and cars for clients who are employed only. Furniture for homeless individuals moving into housing by referral only. Free tax preparation.
God's Storehouse	1731 Risley Road Columbia, SC 29223 (803) 691-1622	Food from as often as every 30 days. Clothing/household items as often as every 60 days.
Lexington Interfaith Community Service	216 Harmon Street Lexington, SC 29072 (803) 957-6656 www.missionlexingtonsc.org	Food, clothing, and limited financial assistance (when available) for rent, electric bills, prescriptions, water and automobile gas.
Salvation Army	3024 Farrow Road Columbia, SC (803) 765-0260 www.salvationarmycarolinas.org/columbia	Food vouchers 10am-4pm (every 6 months) Clothing vouchers 10am-12pm (every 3 months homeless, every 6 months all others)
Christ Central Ministries	1711 Pendleton Street Columbia, SC 29201 (803) 600-5808 https://www.christcentralministries.org	Organization offering many services to those in poverty & transition in the Midlands.

TRANSPORTATION

COMET

COMET is the bus system that serves the Columbia metro area. Instructions for using the system are on their website at catchthecometsc.gov/how-to-ride.

Fares:

1-time fare: \$2.00
All-day pass: \$4.00
7-day pass: \$14.00
31-day pass: \$40.00.

There are discounts available that reduce rates up to 50%. Discounts are available for:

- Seniors 65+ (requires state ID or license)
- Persons with disabilities (COMET Half Fare ID Card, which will allow for many different mental and physical health limitations)
- veterans (military ID or VA veterans ID card)
- Medicare card holders
- Youth 16-18 years old

Passes can be purchased at:

- The transit center at the corner of Sumter & Laurel Streets in downtown Columbia
- The COMET website
- Piggly Wiggly customer service
- Eastover town hall (cash only)
- Springdale town hall (cash only)
- Use the [Catch the COMET app](#) to choose a route, pay a fare, buy passes and plan trips, all on your smartphone.

COOPERATIVE MINISTRY

The Cooperative Ministry provides used vehicles to persons who qualify for their car program. You must have been working for at least six months to be eligible for the program, but it could be a long-term solution to your transportation needs if you qualify.

Call Cooperative Ministry at (803) 799-3853 for more information.

LOGISTICARE

Transportation to and from medical appointments.

(866) 445-6860

www.logisticare.com/members-families

HEALTH CARE AND INSURANCE

Below is a list of providers for reduced cost or free health care services (including dental and eye care).

Name	Contact Information	Hours	Services
The Cooperative Ministry	3821 West Beltline Blvd. Columbia, SC 29204 (803) 799-3853 www.coopmin.org	Mon-Thu 9am -5pm Fri 9am-12pm	Food, financial, homeless, and medical for Richland, Lexington and Fairfield county residents meeting income requirements.
Columbia Free Medical Clinic	1875 Harden Street Columbia, SC 29204 (803) 765-1503 www.freemedclinic.org	Mon-Thu 8am-5pm Fri 8am-12pm	Primary Care, medication, referrals to eye and dental care. Care provided based on income.
Clinica El Buen Samaritan (The Good Samaritan Clinic)	Richland County: 7915 Old Percival Rd Columbia, SC 29223 (803) 790-0239 Lexington County: 1316 Leaphart St. West Columbia, SC 29169 (803) 796-4484 www.goodsamaritansc.org	Tues 4pm Call Tues 2-4pm to register Thurs 4pm Call Thurs 2-4pm to register	Free volunteer-based clinic.
Christ Central Ministries Optical Clinic	2018A Main Street, Columbia, SC 29201 (803) 898-9125 www.christcentralministries.org	Second Wednesday of the month	Free eye care clinic
Cooperative Health Centers	4605 Monticello Road Building A, Suite 3 Columbia, SC 29203 (803) 754-0151 www.ecchc.org	Mon-Fri 8:30am-4:30pm	Non-profit community health clinic network providing care across four counties in the Midlands.

Health Care and Insurance (Cont'd)

Name	Contact Information	Hours	Services
WellPartners	<p>Lexington: 1070 S. Lake Drive, Suite B Lexington, SC 29073 Adult Dental: 803-888-3270 Child Dental: 803-888-3271</p> <p>Richland: 2000 Hampton Street Columbia, SC 29204 Child Dental: (803) 888-1590 Adult Dental: (803) 888-1690 Adult Eye: (803) 888-1692</p> <p>www.wellpartners.org</p>	<p>Adult: Mon 8am-4pm Tue 12:30pm-4pm Thu 12:30pm-5pm Child: Tue-Fri 8:30am-1:30pm</p> <p>Adult Dental: Mon-Thu 8:30am-5pm Friday 8:30am-12pm Child Dental: Tue-Fri 8:30am-1:30pm Adult Eye: By appt</p>	WellPartners connects community volunteers and partners to help uninsured and under-insured people in the Midlands gain access to health care services.
NeedyMeds	<p>(800) 503-6897</p> <p>www.needymeds.org</p>		Website that provides information about patient assistance programs which provide free prescription medications to eligible participants.
Prisma Health Financial Assistance	<p>(803) 434-3834</p> <p>www.prismahealth.org</p>		Financial assistance is available for emergency and other medically necessary care provided by Prisma Health (and certain other providers) to both insured and uninsured patients who meet income and asset limit requirements.
Midlands Access Health	<p>(803) 296-2220</p> <p>prismahealth.org/services/other-services/accesshealth</p>		A network of healthcare providers and community agencies supporting the health and well-being of people who cannot afford to get care on their own.

**INSTRUCTIONS FOR COMPLETING ENROLLMENT
APPLICATION FOR HEALTH BENEFITS****Please Read Before You Start . . . What is VA Form 10-10EZ used for?**

For Veterans to apply for enrollment in the VA health care system. The information provided on this form will be used by VA to determine your eligibility for medical benefits and on average will take 30 minutes to complete. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

Where can I get help filling out the form and if I have questions?

You may use ANY of the following to request assistance:

- Ask VA to help you fill out the form by calling us at 1-877-222-VETS (8387).
- Go to www.va.gov/health-care for information about VA health benefits.
- Contact the Enrollment Coordinator at your local VA health care facility.
- Contact a National or State Veterans Service Organization.

Definitions of terms used on this form:

- **SERVICE-CONNECTED (SC):** A VA determination that an illness or injury was incurred or aggravated in the line of duty, in the active military, naval or air service.
- **COMPENSABLE:** A VA determination that a service-connected disability is severe enough to warrant monetary compensation.
- **NONCOMPENSABLE:** A VA determination that a service-connected disability is not severe enough to warrant monetary compensation.
- **NONSERVICE-CONNECTED (NSC):** A Veteran who does not have a VA determined service-related condition.

Getting Started: ALL VETERANS MUST COMPLETE SECTIONS I - III.**Directions for Sections I - III:**

Section I - General Information: Answer all questions.

Section II - Military Service Information: If you are not currently receiving benefits from VA, you may attach a copy of your discharge or separation papers from the military (such as DD-214 or, for WWII Veterans, a "WD" Form), with your signed application to expedite processing of your application. If you are currently receiving benefits from VA, we will cross-reference your information with VA data.

Section III - Insurance Information: Include information for all health insurance companies that cover you, this includes coverage provided through a spouse or significant other. Bring your insurance cards, Medicare and/or Medicaid card with you to each health care appointment.

Directions for Sections IV-VI:

Financial Disclosure: ONLY NSC AND 0% NONCOMPENSABLE SC VETERANS MUST COMPLETE THIS SECTION TO DETERMINE ELIGIBILITY FOR VA HEALTH CARE ENROLLMENT AND/OR CARE OR SERVICES.

Financial Disclosure Requirements Do Not Apply To:

- a former Prisoner of War; or
- those in receipt of a Purple Heart; or
- a recently discharged Combat Veteran; or
- those discharged for a disability incurred or aggravated in the line of duty; or
- those receiving VA SC disability compensation; or
- those receiving VA pension; or
- those in receipt of Medicaid benefits; or
- those who served in Vietnam between January 9, 1962 and May 7, 1975; or
- those who served in SW Asia during the Gulf War between August 2, 1990 and November 11, 1998; or
- those who served at least 30 days at Camp Lejeune between August 1, 1953 and December 31, 1987.

You are not required to disclose your financial information; however, VA is not currently enrolling new applicants who decline to provide their financial information unless they have other qualifying eligibility factors. If a financial assessment is not used to determine your priority for enrollment you may choose not to disclose your information. However, if a financial assessment is used to determine your eligibility for cost-free medication, travel assistance or waiver of the travel deductible, and you do not disclose your financial information, you will not be eligible for these benefits.

Section IV - Dependent Information: Include the following:

- Your spouse even if you did not live together, as long as you contributed support last calendar year.
- Your biological children, adopted children, and stepchildren who are unmarried and under the age of 18, or at least 18 but under 23 and attending high school, college or vocational school (full or part-time), or became permanently unable to support themselves before age 18.
- Child support contributions. Contributions can include tuition or clothing payments or payments of medical bills.

Continued ...

Section V - Employment Information:

- Veterans Employment Status
- Date of Retirement
- Company Name
- Company Address
- Company Phone Number

Section VI - Previous Calendar Year Gross Annual Income of Veteran, Spouse and Dependent Children

Report:

- Gross annual income from employment, except for income from your farm, ranch, property or business. Include your wages, bonuses, tips, severance pay and other accrued benefits and your child's income information if it could have been used to pay your household expenses.
- Net income from your farm, ranch, property, or business.
- Other income amounts, including retirement and pension income, Social Security Retirement and Social Security Disability income, compensation benefits such as VA disability, unemployment, Workers and black lung, cash gifts, interest and dividends, including tax exempt earnings and distributions from Individual Retirement Accounts (IRAs) or annuities.

Do Not Report:

Donations from public or private relief, welfare or charitable organizations; Supplemental Security Income (SSI) and need-based payments from a government agency; profit from the occasional sale of property; income tax refunds, reinvested interest on Individual Retirement Accounts (IRAs); scholarships and grants for school attendance; disaster relief payments; reimbursement for casualty loss; loans; Radiation Compensation Exposure Act payments; Agent Orange settlement payments; Alaska Native Claims Settlement Acts Income, payments to foster parent; amounts in joint accounts in banks and similar institutions acquired by reason of death of the other joint owner; Japanese ancestry restitution under Public Law 100-383; cash surrender value of life insurance; lump-sum proceeds of life insurance policy on a Veteran; and payments received under the Medicare transitional assistance program.

Section VII - Previous Calendar Year Deductible Expenses

Report non-reimbursed medical expenses paid by you or your spouse. Include expenses for medical and dental care, drugs, eyeglasses, Medicare, medical insurance premiums and other health care expenses paid by you for dependents and persons for whom you have a legal or moral obligation to support. Do not list expenses if you expect to receive reimbursement from insurance or other sources. Report last illness and burial expenses, e.g., prepaid burial, paid by the Veteran for spouse or dependent(s).

Section VIII - Consent to Copays and to Receive Communications

By submitting this application, you are agreeing to pay the applicable VA copayments for care or services (including urgent care) as required by law. You also agree to receive communications from VA to your supplied email, home phone number, or mobile number. However, providing your email, home phone number, or mobile number is voluntary.

Submitting Your Application

1. You or an individual to whom you have delegated your Power of Attorney must sign and date the form. If you sign with an "X", 2 people you know must witness you as you sign. They must sign the form and print their names. If the form is not signed and dated appropriately, VA will return it for you to complete.
2. Attach any continuation sheets, a copy of supporting materials and your Power of Attorney documents to your application.


Where do I send my application?

Mail the original application and supporting materials to the Health Eligibility Center, 2957 Clairmont Road, Suite 200, Atlanta, GA 30329.

PAPERWORK REDUCTION ACT AND PRIVACY ACT INFORMATION

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

Privacy Act Information: VA is asking you to provide the information on this form under 38 U.S.C. Sections 1705, 1710, 1712, and 1722 in order for VA to determine your eligibility for medical benefits. Information you supply may be verified from initial submission forward through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in accordance with the VHA Notice of Privacy Practices. Providing the requested information is voluntary, but if any or all of the requested information is not provided, it may delay or result in denial of your request for health care benefits. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

 Department of Veterans Affairs				VA DATE STAMP (For VHA Use Only)					
APPLICATION FOR HEALTH BENEFITS									
SECTION I - GENERAL INFORMATION									
Federal law provides criminal penalties, including a fine and/or imprisonment for up to 5 years, for concealing a material fact or making a materially false statement. (See 18 U.S.C. 1001)									
TYPE OF BENEFIT(S) APPLYING FOR: <input type="checkbox"/> ENROLLMENT - VA Medical Benefits Package (Veteran meets and agrees to the enrollment eligibility criteria specified at 38 CFR 17.36) <input type="checkbox"/> REGISTRATION - VA Health Services (Veterans meets the "Enrollment not required" eligibility criteria specified at 38 CFR 17.37)									
1A. VETERAN'S NAME (Last, First, Middle Name)				1B. PREFERRED NAME		2. MOTHER'S MAIDEN NAME			
3A. BIRTH SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		3B. SELF-IDENTIFIED GENDER IDENTITY <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSMALE/TRANSMAN/FEMALE-TO-MALE <input type="checkbox"/> TRANSFEMALE/TRANSWOMAN/MALE-TO-FEMALE <input type="checkbox"/> CHOOSE NOT TO ANSWER		4. ARE YOU SPANISH, HISPANIC, OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO		5. WHAT IS YOUR RACE? (You may check more than one. Information is required for statistical purposes only.) <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> CHOOSE NOT TO ANSWER			
6. SOCIAL SECURITY NO.		7A. DATE OF BIRTH (mm/dd/yyyy)		7B. PLACE OF BIRTH (City and State)		8. RELIGION			
9A. MAILING ADDRESS (Street)			9B. CITY		9C. STATE	9D. ZIP CODE	9E. COUNTY		
9F. HOME TELEPHONE NO. (optional) (Include Area Code)		9G. MOBILE TELEPHONE NO. (optional) (Include Area Code)			9H. E-MAIL ADDRESS (optional)				
10A. HOME ADDRESS (Street)			10B. CITY		10C. STATE	10D. ZIP CODE	10E. COUNTY		
11. CURRENT MARTIAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED									
12A. NEXT OF KIN NAME			12B. NEXT OF KIN ADDRESS			12C. NEXT OF KIN RELATIONSHIP			
12D. NEXT OF KIN TELEPHONE NO. (Include Area Code)		12E. NEXT OF KIN WORK TELEPHONE NO. (Include Area Code)		13. DESIGNEE - INDIVIDUAL TO RECEIVE POSSESSION OF YOUR PERSONAL PROPERTY LEFT ON PREMISES UNDER VA CONTROL AFTER YOUR DEPARTURE OR AT THE TIME OF DEATH (Note: This does not constitute a will or transfer of title)					
14. WHICH VA MEDICAL CENTER OR OUTPATIENT CLINIC DO YOU PREFER? (for listing of facilities visit www.va.gov/find-locations)				15. WOULD YOU LIKE FOR VA TO CONTACT YOU TO SCHEDULE YOUR FIRST APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
SECTION II - MILITARY SERVICE INFORMATION									
1A. LAST BRANCH OF SERVICE		1B. LAST ENTRY DATE (mm/dd/yyyy)		1C. FUTURE DISCHARGE DATE (mm/dd/yyyy)		1D. LAST DISCHARGE DATE (mm/dd/yyyy)			
1E. DISCHARGE TYPE						1F. MILITARY SERVICE NUMBER			
2. MILITARY HISTORY (Check yes or no)				YES	NO			YES	NO
A. ARE YOU A PURPLE HEART AWARD RECIPIENT?				<input type="checkbox"/>	<input type="checkbox"/>	G. DO YOU HAVE A VA SERVICE-CONNECTED RATING?		<input type="checkbox"/>	<input type="checkbox"/>
B. ARE YOU A FORMER PRISONER OF WAR?				<input type="checkbox"/>	<input type="checkbox"/>	IF "YES", WHAT IS YOUR RATED PERCENTAGE _____ %			
C. DID YOU SERVE IN A COMBAT THEATER OF OPERATIONS AFTER 11/11/1998?				<input type="checkbox"/>	<input type="checkbox"/>	H. DID YOU SERVE IN VIETNAM BETWEEN JANUARY 9, 1962 AND MAY 7, 1975?		<input type="checkbox"/>	<input type="checkbox"/>
D. WERE YOU DISCHARGED OR RETIRED FROM MILITARY FOR A DISABILITY INCURRED IN THE LINE OF DUTY?				<input type="checkbox"/>	<input type="checkbox"/>	I. WERE YOU EXPOSED TO RADIATION WHILE IN THE MILITARY?		<input type="checkbox"/>	<input type="checkbox"/>
E. ARE YOU RECEIVING DISABILITY RETIREMENT PAY INSTEAD OF VA COMPENSATION?				<input type="checkbox"/>	<input type="checkbox"/>	J. DID YOU RECEIVE NOSE AND THROAT RADIUM TREATMENTS WHILE IN THE MILITARY?		<input type="checkbox"/>	<input type="checkbox"/>
F. DID YOU SERVE IN SW ASIA DURING THE GULF WAR BETWEEN AUGUST 2, 1990 AND NOVEMBER 11, 1998?				<input type="checkbox"/>	<input type="checkbox"/>	K. DID YOU SERVE ON ACTIVE DUTY AT LEAST 30 DAYS AT CAMP LEJEUNE FROM AUGUST 1, 1953 THROUGH DECEMBER 31, 1987?		<input type="checkbox"/>	<input type="checkbox"/>

APPLICATION FOR HEALTH BENEFITS <i>Continued</i>		VETERAN'S NAME <i>(Last, First, Middle)</i>		SOCIAL SECURITY NUMBER	
SECTION III - INSURANCE INFORMATION <i>(Use a separate sheet for additional information)</i>					
1. ENTER YOUR HEALTH INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER <i>(include coverage through spouse or other person)</i>					
2. NAME OF POLICY HOLDER		3. POLICY NUMBER		4. GROUP CODE	
5. ARE YOU ELIGIBLE FOR MEDICAID? <i>(Federal health insurance for low income adults)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		6A. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART A? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		6B. EFFECTIVE DATE <i>(mm/dd/yyyy)</i> _____			
SECTION IV - DEPENDENT INFORMATION <i>(Use a separate sheet for additional dependents)</i>					
1. SPOUSE'S NAME <i>(Last, First, Middle Name)</i>		2. CHILD'S NAME <i>(Last, First, Middle Name)</i>			
1A. SPOUSE'S SOCIAL SECURITY NUMBER		2A. CHILD'S DATE OF BIRTH <i>(mm/dd/yyyy)</i>		2B. CHILD'S SOCIAL SECURITY NO.	
1B. SPOUSE'S DATE OF BIRTH <i>(mm/dd/yyyy)</i>	1C. SELF-IDENTIFIED GENDER IDENTITY <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSMALE/TRANSMAN/FEMALE-TO-MALE <input type="checkbox"/> TRANSFEMALE/TRANSWOMAN/MALE-TO-FEMALE <input type="checkbox"/> CHOOSE NOT TO ANSWER		2C. DATE CHILD BECAME YOUR DEPENDENT <i>(mm/dd/yyyy)</i>		
			2D. CHILD'S RELATIONSHIP TO YOU <i>(Check one)</i> <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEPSON <input type="checkbox"/> STEPDAUGHTER		
1D. DATE OF MARRIAGE <i>(mm/dd/yyyy)</i>		2E. WAS CHILD PERMANENTLY AND TOTALLY DISABLED BEFORE THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			
1E. SPOUSE'S ADDRESS AND TELEPHONE NUMBER <i>(Street, City, State, ZIP if different from Veteran's)</i>		2F. IF CHILD IS BETWEEN 18 AND 23 YEARS OF AGE, DID CHILD ATTEND SCHOOL LAST CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		2G. EXPENSES PAID BY YOUR DEPENDENT CHILD FOR COLLEGE, VOCATIONAL REHABILITATION OR TRAINING <i>(e.g., tuition, books, materials)</i>			
3. IF YOUR SPOUSE OR DEPENDENT CHILD DID NOT LIVE WITH YOU LAST YEAR, DID YOU PROVIDE SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
SECTION V - EMPLOYMENT INFORMATION					
1A. VETERAN'S EMPLOYMENT STATUS <i>(Check one)</i> . <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> RETIRED				1B. DATE OF RETIREMENT <i>(mm/dd/yyyy)</i>	
1C. COMPANY NAME. <i>(Complete if employed or retired)</i>		1D. COMPANY ADDRESS <i>(Complete if employed or retired - Street, City, State, ZIP)</i>		1E. COMPANY PHONE NUMBER <i>(Complete if employed or retired)</i> <i>(Include area code)</i>	
SECTION VI - PREVIOUS CALENDAR YEAR GROSS ANNUAL INCOME OF VETERAN, SPOUSE AND DEPENDENT CHILDREN <i>(Use a separate sheet for additional dependents)</i>					
1. GROSS ANNUAL INCOME FROM EMPLOYMENT <i>(wages, bonuses, tips, etc.)</i> EXCLUDING INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS		VETERAN	SPOUSE	CHILD 1	
2. NET INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS		\$ _____	\$ _____	\$ _____	
3. LIST OTHER INCOME AMOUNTS <i>(e.g., Social Security, compensation, pension, interest, dividends)</i> EXCLUDING WELFARE.		\$ _____	\$ _____	\$ _____	
SECTION VII - PREVIOUS CALENDAR YEAR DEDUCTIBLE EXPENSES					
1. TOTAL NON-REIMBURSED MEDICAL EXPENSES PAID BY YOU OR YOUR SPOUSE <i>(e.g., payments for doctors, dentists, medications, Medicare, health insurance, hospital and nursing home)</i> VA will calculate a deductible and the net medical expenses you may claim.				\$ _____	
2. AMOUNT YOU PAID LAST CALENDAR YEAR FOR FUNERAL AND BURIAL EXPENSES (INCLUDING PREPAID BURIAL EXPENSES) FOR YOUR DECEASED SPOUSE OR DEPENDENT CHILD <i>(Also enter spouse or child's information in Section VI.)</i>				\$ _____	
3. AMOUNT YOU PAID LAST CALENDAR YEAR FOR YOUR COLLEGE OR VOCATIONAL EDUCATIONAL EXPENSES <i>(e.g., tuition, books, fees, materials)</i> DO NOT LIST YOUR DEPENDENTS' EDUCATIONAL EXPENSES.				\$ _____	

APPLICATION FOR HEALTH BENEFITS <i>Continued</i>	VETERAN'S NAME <i>(Last, First, Middle)</i>	SOCIAL SECURITY NUMBER
SECTION VIII - CONSENT TO COPAYS AND TO RECEIVE COMMUNICATIONS		
By submitting this application, you are agreeing to pay the applicable VA copayments for care or services (including urgent care) as required by law. You also agree to receive communications from VA to your supplied email, home phone number, or mobile number. However, providing your email, home phone number, or mobile number is voluntary.		
ASSIGNMENT OF BENEFITS		
<p>I understand that pursuant to 38 U.S.C. Section 1729 and 42 U.S.C. 2651, the Department of Veterans Affairs (VA) is authorized to recover or collect from my health plan (HP) or any other legally responsible third party for the reasonable charges of nonservice-connected VA medical care or services furnished or provided to me. I hereby authorize payment directly to VA from any HP under which I am covered (including coverage provided under my spouse's HP) that is responsible for payment of the charges for my medical care, including benefits otherwise payable to me or my spouse. Furthermore, I hereby assign to the VA any claim I may have against any person or entity who is or may be legally responsible for the payment of the cost of medical services provided to me by the VA. I understand that this assignment shall not limit or prejudice my right to recover for my own benefit any amount in excess of the cost of medical services provided to me by the VA or any other amount to which I may be entitled. I hereby appoint the Attorney General of the United States and the Secretary of Veterans' Affairs and their designees as my Attorneys-in-fact to take all necessary and appropriate actions in order to recover and receive all or part of the amount herein assigned. I hereby authorize the VA to disclose, to my attorney and to any third party or administrative agency who may be responsible for payment of the cost of medical services provided to me, information from my medical records as necessary to verify my claim. Further, I hereby authorize any such third party or administrative agency to disclose to the VA any information regarding my claim.</p>		
ALL APPLICANTS MUST SIGN AND DATE THIS FORM. REFER TO INSTRUCTIONS WHICH DEFINE WHO CAN SIGN ON BEHALF OF THE VETERAN.		
SIGNATURE OF APPLICANT <i>(Sign in ink)</i>	DATE <i>(mm/dd/yyyy)</i>	

MENTAL HEALTH SERVICES

Many who have gone through the trauma of incarceration and experienced other life tragedies are in need of mental health services to return to a stable, healthy mental state. Admitting your need for help is not a sign of weakness but of wisdom. Many churches offer pastoral counseling. Depending on your individual condition, you may need professional mental health care. Listed below are three local resources to assist you.

Name	Contact Information	Services
Columbia Area Mental Health Center	2715 Colonial Dr. Suite 100, Columbia, SC 29205 (803) 898-4800 https://scdmh.net/	Counseling, treatment and evaluations
Mental Illness Recovery Center, Inc. (MIRCI)	3809 Rosewood Drive, Columbia, SC, 29205 (803) 939-2642 www.mirci.org/	Home based program counseling, parenting classes, and financial budgeting
National Alliance on Mental Illness	1823 Gadsden St Columbia, SC 29202 (803) 206-2916 namimid-carolina.org/	Support and advocacy for services through education and information
Hidden Wounds	4711 Forest Dr. Suite 3 PMB 317 Columbia, SC 29206 1-888-4HW-HERO (803) 403-8460 https://hiddenwounds.org	Mental health support and other programs for veterans dealing with psychological challenges and mental health.
Rape, Abuse, & Incest National Network (RAINN)	1-800-656-4673 (24-hr hotline) www.rainn.org	One-on-one crisis counseling (via phone or online chat) for survivors of sexual assault. Helps survivors connect to local resources including therapy and legal support.
The Big Red Barn Retreat	8024 Winnsboro Rd Blythewood, SC 29016 (803) 716-9097 https://www.thebigredbarnretreat.org	Multiple services for veterans including yoga, art, gardening, equine-assisted psychotherapy

SUBSTANCE ABUSE RECOVERY

If substance abuse or addictions have plagued you in the past, overcoming them and preventing relapse will be a key part of your successful transition. Listed below are several local resources that can help you along that path to freedom.

Name	Contact Information	Services
Celebrate Recovery	See the following page for a listing of meeting locations including contact information. http://www.celebraterecovery.com/crgroups	Christ-centered, 12-step program for recovery from addictions and destructive life habits including pornography, eating disorders, substance abuse, and more.
National Helpline/ Substance Abuse and Mental Health Services Administration	800-662-HELP (4357)	Free 24/7 365 days per year confidential treatment referral and information service for individuals and families facing mental and/or substance use disorders
LRADAC	2711 Colonial Drive Columbia, SC 29203 (803) 726-9300 Or 1068 South Lake Drive Lexington, SC 29073 (803) 726-9400 www.lradac.org	Prevention, intervention and treatment programs convenient to residents of Richland and Lexington Counties
Reconciliation Ministries	3120 Kay Street Columbia, SC 29210 (803) 386-7866 www.reconciliation-min.org	Reconciliation Ministries provides an intensive, structured residential program for addiction recovery.

Celebrate Recovery Meeting information

Name	Contact Information	Meeting Time
First Baptist Church of Lexington	415 Barr Rd. Lexington, SC 29072 (803) 957-0686 Contact: Paul Bishop	Tuesday 6:00 pm
Celebrate Recovery Northeast Vive Church	2630 Clemson Rd Columbia, SC 29229 (803) 201-2755 Contact: Chad Tyler	Tuesday 6:30 pm
Columbia Church of Christ	1049 Harbor Dr. West Columbia, SC 29169 (803) 254-4934 Contact: Craig Boxwill	Tuesday 6:30 pm
New Laurel Street Missionary Baptist Church	5214 Fairfield Rd Columbia, SC 29203 (803) 600-4621 Contact: Daniel Porterfield	Friday 6:30 pm
Trinity Baptist Church	2521 Richland Street Columbia, SC 29204 (803) 254-7142 Contact: Jewel Golden-Wright	Monday 6:00 pm
Yahweh & Sons Bible Church	1824 Airport Blvd. Cayce, SC 29033 (803) 479-8245 Contact: Kris Waters	Wednesday 6:30 pm
Pelion Church of the Nazarene	474 Pine St. Pelion, SC 29123 (803) 740-0887 Contact: Peggy Burkett	Thursday 6:30 pm
Willow Ridge Church	104 Sycamore Tree Rd Lexington, SC 29073 Contact: Mark Babb	Thursday 6:30 pm
Chapin Baptist Church	950 Old Lexington Hwy. Chapin, SC 29036 (803) 206-4501 Contact: Rick Hinely	Wednesday 6:00 pm
Christ Mission Church	1323 Winyah Dr. Columbia, SC 29203 (803) 414-3878 Contact: Dean Slade	Friday 5:45 pm

EDUCATION

There are several resources for adult education and literacy programs in the Midlands. Listed below are four of them:

Name	Contact Information	Services
Turning Pages	2062 N. Beltline Blvd. Columbia, SC 29206 (803) 782-1210 turningpagesc.com	Changing the lives of Midlands residents by improving their skills in reading, math and English language proficiency.
Richland One Adult Education	2612 Covenant Road Columbia, SC 29204 (803) 343-2935 www.richlandone.org/domain/86	High school diploma, GED, WIN Ready to Work certificates, ESL, Self-improvement in Math and Reading, Adult Literacy.
Midlands Tech Educational Opportunity Center	1260 Lexington Dr. West Columbia, SC 29170 Lexington Hall, Room 170 (803) 822-3749 www.midlandstech.edu	College admissions, financial literacy, GED referral assistance
Richland County Library Main	1431 Assembly Street Columbia, SC 29201 (803) 799-9084 www.richlandlibrary.com	Assistance in earning a high school diploma

SELECTIVE SERVICE

According to law, a man must register with Selective Service within 30 days of his 18th birthday. Selective Service accepts late registrations up until a man reaches his 26th birthday.

Failure to register is a felony and non-registrants may be denied the following benefits for life:

- Federal (and some state) student loans and grant programs
- Federal job training under the Workforce Innovation and Opportunity Act (formerly Workforce Investment Act)
- Federal (and many state and local) jobs or security clearance as a contractor
- Up to a 5-year delay of U.S. citizenship proceedings for immigrants

What Can You Do if You Did Not Register and are Now 26 or Older?

If you failed to register prior to reaching age 26 and are now being denied eligibility for federal or state benefits due to your failure to register, you can explain to the official handling your case (for example, a student financial aid officer) the reasons for your failure to register with Selective Service.

Pursuant to federal law, a person required to register with Selective Service, but who failed to register, may not be denied any federal right or benefit if he can show that his failure to register was not knowing and willful. See 50 U.S.C. 3811(g). The final decision regarding a non-registrant's eligibility for employment lies with the department or agency granting the right or benefit.

The burden of proof is on the person seeking the denied right or benefit.

You may be asked for an official response from the Selective Service System, which is referred to as a "status information letter."

What is a Status Information Letter?

A Status Information Letter from Selective Service states the facts surrounding your registration status with the Selective Service System. It states whether or not you are registered with Selective Service and whether or not you were required to register with Selective Service or if you are exempt from the registration requirement.

You are exempt from Selective Service registration if you can prove you were continuously institutionalized or confined from 30 days before you turned 18 through age 25. If you were released for any period longer than 30 days during this window, you were required to register with the Selective Service System.

For Selective Service to determine this exemption, the following supporting documentation is needed when you mail your status information letter request form:

- Proof that your dates of confinement or institutionalization are accurate
- Proof that you were continuously incarcerated, or never released for any period of 30 days or longer.

For more information, go to www.sss.gov/Home or call 888.655.1825 (Toll-free)

OTHER RESOURCES

Midlands Fatherhood Coalition

The mission of the Midlands Fatherhood Coalition is to engage fathers in the positive support of their children and to enhance support for fatherhood throughout the Midlands. They help fathers connect to other services they need so they can meet their responsibilities and secure their parental rights. They also offer job coaching and employment connections that benefit fathers, their families and employers in the Midlands. www.midlandsfathers.com

<u>Lexington:</u> 943 East Main Street Lexington, SC 29072 (803) 996-2114	<u>Richland:</u> 1420 Colonial Life Blvd. Suite 80 Columbia, SC 29210 (803) 933-0052	<u>Sumter:</u> 21 N. Harvin Street Sumter, SC 29150 (803) 774-2140
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Turn90

Formerly known as Turning Leaf, Turn90 is an South Carolina-based reentry organization that works with men at the highest risk of re-arrest. It combines cognitive behavioral classes, case management, transitional work, and job placement to create an opportunity for success after prison. <https://turnninetty.com>

<u>Charleston Office:</u> 3765 Leeds Ave N. Charleston, SC 29405 (843) 297-4980	<u>Columbia Office:</u> 630 Blue Ridge Terrace Columbia, SC 29203 (803) 234-2287
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Second Chance Reentry Resource Guide

The South Carolina Commission for Minority Affairs has published a document called the Second Chance Reentry Resource Guide. The purpose of that guide is similar to this one and it contains local, state, and national resources potentially helpful to returning citizens. Of particular note, it has separate sections for every county in South Carolina and lists resources available in that county. It is available to download from their website at: <https://cma.sc.gov/second-chance>

Interstate Compact Transfer

If you will still be under supervision after release but desire to live and work in another state, it is possible to request an interstate compact transfer. This can only be done online through ICOTS. The Interstate Compact Offender Tracking System (ICOTS) is a web-based system that facilitates the transfer of supervision for probationers and parolees from one state to another.

A transfer request must be submitted electronically through ICOTS and must consist of an application form and any additional documents as deemed necessary by the receiving state. An example of the application form is on the following page.

<https://www.interstatecompact.org>



Interstate Commission for Adult Offender Supervision

OFFENDER'S APPLICATION FOR INTERSTATE COMPACT TRANSFER

SECTION 1: STATE INFORMATION

To:	Date:	Phone #:
From:		Fax #:

SECTION 2: OFFENDER INFORMATION

Offender's full name (Last, First, MI):		Offender number:		
		Sending State #:		Receiving State #:
AKA:				
SS# (if available):	FBI# (if available):	Sex:	Race:	DOB:

I, _____, am applying for transfer of my parole/probation/other supervision from _____ (sending state) to _____ (receiving state). I understand that the transfer of my supervision is a privilege and not a right, and that my transfer and supervision will be subject to the rules of the Interstate Commission for Adult Offender Supervision.

I understand that my supervision in another state may be different than the supervision I would be subject to in this state, and that the receiving state will determine the manner in which I will be supervised. I agree to accept any differences that may exist because I believe that transferring my supervision to _____ (receiving state) will improve my chances for making a good adjustment in the community. I FULLY UNDERSTAND AND ACKNOWLEDGE ALL OF THE ABOVE CONDITIONS AND FREELY AND KNOWINGLY WAIVE ANY CHALLENGE TO THESE REQUIREMENTS OF TRANSFER, INCLUDING THE CONDITIONS OF SUPERVISION IN THE STATE TO WHICH I REQUEST TRANSFER. In doing so I respectfully request the authorities to whom this application is made to consider my request for transfer of supervision.

In support of my application for transfer, I make the following statements:

1. If I am allowed to transfer my supervision to _____ (receiving state), I plan to live with _____, at (full address/telephone #) _____ until I am allowed by the supervising authorities to change my residence.
2. I will comply with the terms and conditions of my supervision that have been placed on me, or that will be placed on me by _____ (sending state) and _____ (receiving state).
3. I understand that if I do not comply with all the terms and conditions that the sending state or the receiving state, or both, placed on me, that it will be considered a violation and there may be consequences including return to the sending state.
4. I agree to the release of any drug or alcohol treatment information from _____ (sending state) to any authorized person in _____ (receiving state) for the purpose of transferring my supervision. This consent remains in effect from this date _____ (today's date) until I revoke this consent.
5. I agree to return to _____ (sending state) at any time I am directed to by the sending state or the receiving state. I know that I may have a constitutional right to insist that the sending state extradite me from the receiving state or any other state where I may be found. This is commonly called the right to extradition. But I also understand and acknowledge that I have agreed to return to the sending state when ordered to do so either by the sending or receiving state. Therefore, I agree that I will not resist or fight any effort by any state to return me to the sending state and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY AND INTELLIGENTLY.

Offender's signature: _____ Date: _____

Printed name: _____

Witness: _____ Date: _____

Printed name: _____

CHURCHES

As you transition into your new life on the outside, your success in staying on the right path, your ability to overcome harmful habits, and the quality of your life will largely depend on what community you choose to be a part of. A healthy church is the kind of community that will provide you with the love, encouragement, accountability, and spiritual nourishment that you will need. There are hundreds of churches in the Columbia area, many of which are healthy and might be a good fit for you. The following short list includes churches that we specifically partner with and where we know that returning citizens and their families will always receive a warm welcome.

Contact and service information are provided below:

Name	Contact Information	Service Times
Columbia Crossroads Church	2723 Ashland Rd Columbia, SC 29210 (803) 772-7792 www.columbiacrossroads.org	Sunday 9:30am and 11:00am
God's Church of Destiny	3946 West Beltline Boulevard Columbia, SC 29204 (803) 361-7211 or (803) 381-3470 www.godschurchofdestiny.org	Sunday 11:00am
Sandhills Community Church	3513 Hardscrabble Road Columbia, SC 29223 (803) 699-7112 www.sandhillchurch.org	Sunday 9:30am and 11:00am
Temple Zion Baptist Church	1174 Heyward Brockington Road Columbia, SC 29203 (803) 754-0933 www.templezbc.org	Sunday: 9:45am: Christian Life Today 11:00am: Worship Service Wednesday: 6:00pm: Prayer Service 7:00pm: Bible Study Thursday: 11:00am: Bible Study
Calvary Chapel Northeast	1120 Sparkleberry Ln Columbia, SC 29223 (803) 865-1542 https://www.ccnortheast.org	Sunday: 9:00am & 11:00am Wednesday: 7:00 pm

BECOMING A FOLLOWER OF JESUS CHRIST

The T&T Project is a Christian organization. That is, we are followers of Jesus Christ. We love others because God loved us and rescued us from the path of destruction that we were on. Our prayer for you is that you receive the same forgiveness, peace, joy, love, and new life that we have found. When Jesus walked on this Earth as a man, He issued a simple, direct invitation to those He encountered: "Come, follow me." That is still His invitation to you and to me today. If you want to become a follower of Jesus Christ, we've summarized the process in a simple, biblical approach that is easy to remember. We call it the five "T's" of salvation.

1. Acknowledge and believe the **TRUTH**.

a. Truth about God: God is real. He is the Creator of all things and the ultimate judge. He alone determines what is right and wrong. Any disobedience and rebellion against Him is sin, and the consequence for sin is death – punishment and eternal separation from Him. Nevertheless, God loves me and wants to adopt me into His family.

b. Truth about me: I am a sinner. I deserve God's punishment. There is nothing I can do on my own to earn His forgiveness.

c. Truth about Jesus: God sent His Son Jesus to live a perfect life as a human being, die a horrible death, and take my punishment on Himself. Because Jesus paid the price for my sins, I can be forgiven, my sins can be completely erased, and my record wiped clean. Because Jesus conquered death, I too can look forward to life in His Presence forever.

²³*For the wages of sin is death, but the gift of God is eternal life in Christ Jesus our Lord.*

Romans 6:23

¹⁶*For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life.*

John 3:16

2. **TELL** God my sin.

The Bible calls this confession. I must acknowledge the wrong that I've done, taking responsibility for my actions and not blaming anyone else. I humbly ask God for forgiveness.

⁹*If we confess our sins, he is faithful and just and will forgive us our sins and purify us from all unrighteousness.*

1 John 1:9

3. **TRUST** God to forgive my sins and give me new life.

There is nothing I can do to earn salvation; it is a gift of God given out of His grace, mercy, and love. There is also no level of sin that I've committed that is beyond the scope of God's forgiveness. I must trust the finished work of Jesus' death, burial, and resurrection to completely wipe away every sin off my record and grant me access to right standing with God and eternal life in His Presence.

⁸*For it is by grace you have been saved, through faith—and this is not from yourselves, it is the gift of God—⁹not by works, so that no one can boast.*

Ephesians 2:8–9

4. **TURN** from a life of sin to a life of surrender to God and service to others. The Bible calls this repentance. The word “repent” simply means to reverse course. It is a conscious decision and commitment to leave behind old, sinful ways, and follow a totally new path. In fact, the Bible uses much more graphic imagery; it says we are to die to sin. This is not so much a matter of willpower or ability to clean ourselves up, but of willingness to turn away from sin and turn to God.

*⁷Let the wicked forsake his way and the evil man his thoughts.
Let him turn to the Lord, and he will have mercy on him,
and to our God, for he will freely pardon.* Isaiah 55:7

What shall we say, then? Shall we go on sinning so that grace may increase? ²By no means! We are those who have died to sin; how can we live in it any longer? Romans 6:1–2

¹¹In the same way, count yourselves dead to sin but alive to God in Christ Jesus.
Romans 6:11

5. Be **TRANSFORMED** by the Spirit of God working within me.

This is an ongoing process called sanctification. I am still imperfect and infected with a sin nature, so I still wrestle with temptation and brokenness. However, God's Spirit within me has brought a new nature to life and the more I feed that new nature with the Word of God, prayer, fellowship with other believers, worship, etc., the more I am transformed to become like Christ. This doesn't happen automatically. It takes conscious, dedicated effort (that's why these activities are called spiritual disciplines).

Therefore, I urge you, brothers and sisters, in view of God's mercy, to offer your bodies as a living sacrifice, holy and pleasing to God—this is your true and proper worship. ²Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing and perfect will.
Romans 12:1–2

²²You were taught, with regard to your former way of life, to put off your old self, which is being corrupted by its deceitful desires; ²³to be made new in the attitude of your minds; ²⁴and to put on the new self, created to be like God in true righteousness and holiness.
Ephesians 4:22–24

Final Note

If you have chosen to take these steps and become a follower of Christ, welcome to the family! Remember, this is the beginning of a lifelong journey, not a check in the box, so don't stop here. Surround yourself with other believers and soak in the Word of God so you can grow. Also, though this decision is deeply personal, it is not meant to remain private. Don't hesitate to let others know that God has rescued you and you're on a new path. We'd love to hear about your decision as well so please write to us and let us know. God be with you!