



SC Voucher Child Care Application on the Benefits Portal

Instructions how to complete and submit the online child care application.
If you need assistance, after viewing this User Manual, please call 800-476-0199

Client Main Screen

https://benefitsportal.dss.sc.gov

DSS Portals

Create an Account

Login

EN

ES

Home

Login

Email address/Username *

Username is required

Password *

☐ Show Password

[Forgot Password](#)

Login

Create an Account

Creating an account will provide you with the below exclusive features:

☒ 1. Saving your applications and working on them later.

☒ 2. View the status of your applications.

☒ 3. Renew your benefits every year with only a few clicks.

☒ 4. Scan and submit documents online without having to mail them.

Child Care Financial Assistance - SC Voucher Program

The SC Voucher Program helps families afford child care so parents may work, go to school, or get job training. If you are working, in school, or in training and meet the income guidelines based on your family size, you may qualify for child care financial assistance. [Income Guidelines](#)

You may apply for child care financial assistance by clicking on the green tab below:

Apply for Child Care Financial Assistance/SC Vouchers

Am I Eligible?

If the applicant already has an account to apply for TANF/SNAP, they may use the same login information.

If the applicant does not have an account, one will need to be created. All correspondence will be through the benefits portal or to the email associated with the account.

Shows the applicant the basic qualifications for the program.

Am I Eligible?

In order to apply for child care assistance with the SC Voucher Program, you must be:

• Working, in school, or in a training program.

• Permanently or temporarily disabled (Attach DSS Form 1247 that needs to be completed).

• Need a minimum of 15 hours of child care per week.

• Have a child under the age of 13 at the time of the application in need of child care services.

• Must meet the income guidelines based on your family size and gross monthly income [Click Here](#).

Close

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Creating an Account

Create an Account

First Name *

Email *

Password *

Confirm Password *

Date Of Birth *

Go Back

Create Account

Password must include:

- Minimum password length: 8
- Maximum password length: 20
- At least one uppercase character (A through Z)
- At least one lowercase character (a through z)
- At least one number (0 through 9)
- At least one special character (Only @, #, \$, -, &, _ allowed)

All date boxes work the same:

1. Change Month
2. Change Year
3. Click on date

Date of Birth *

<

October

>

2022

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Limited number of special characters

Child Care Financial Assistance - SC Voucher Program

The SC Voucher Program helps families afford child care so parents may work, go to school, or get job training. If you are working, in school, or in training and meet the income guidelines based on your family size, you may qualify for child care financial assistance.

[Income Guidelines](#)

[View/Apply for Child Care Financial Assistance/SC Vouchers](#)

[Am I Eligible?](#)

South Carolina Client Eligibility System - SCCES

SCCES is an online portal for South Carolinians to apply for food and cash assistance programs. This is a fast, easy, and secure way to apply for benefits-anytime and anywhere!

[View applications or Apply Now](#)

Pathways Scholarship Program

PATHWAYS is an employment and training program that provides scholarships to SNAP clients who wish to further their education and to gain skills and certifications that can lead to employment.

You can apply right now for the Pathway Scholarship Program.

[View applications or Apply Now](#)

Once the client logs in, this is the first screen they see. They will need to click on View/Apply for Child Care Financial Assistance.

SC Voucher Child Care Application Queue



Filter

Click here to start a new application

SC Voucher Child Care Applications

+ Apply Now

Reference #	Applicant Name	Applying for:	Start Date:	Status	Application Submit Date	Action
AA3MVKBW	test test	SC Vouchers	10/18/2022	InProgress		
022BRI7T	Chasing Leaves	SC Vouchers	10/17/2022	Submitted	10/18/2022	
S5UWA7MQ	Tiger Squeaker	SC Vouchers	10/05/2022	Pending Eligibility Determination	10/17/2022	
2FIW82SU	Rainbow Cloud	SC Vouchers	10/05/2022	Verification In Progress	10/05/2022	
KEND6M1W	Patty Hamburger	SC Vouchers	10/07/2022	Denied Reasons	10/08/2022	
ZQRZPXN3	Alla Carr	SC Vouchers	10/08/2022	Denied Reasons	10/08/2022	

Until the application is submitted, the client has the option to edit it. They will also be able to edit if it is sent back as incomplete.

Once the application is submitted, the applicant cannot edit it however, they will be able to view it and download it as a PDF file for their records.



Gives a description of the status

Statuses are updated automatically on the applicant side when it is changed on the staff side.

[Reasons](#) provide the applicant with the incomplete or denial reason for their application. They will automatically receive emails with this information as well.

This is the first page of the application. It gives the client their rights and responsibilities.

🏠 /SCCCA/Application/Screening

🚩 Getting Started

> 👤 Applicant

> 👨‍👩‍👧 My Household

> 💰 Income Details

> 👤 Child Care Services

📁 Document Upload

> ✍️ Sign and Submit

Getting Started

This Application is about the applicant, their household members, income and children who need child care services. It should only take about 20 Minutes.

Before you start you may need following information to help you complete this process.

- Birth date
- Social Security Numbers
- Income

Please view the DSS Contact list page for any questions here [Click Here](#).

Rights and Responsibilities

Applicant Rights

- You have the right to choose a child care center, family child care home, group child care home, church facility, or care by a neighbor, friend, or relative. If you are receiving services under Child Protective Services or Foster Care, you may choose only licensed facilities or programs.
- You have the right to visit your child any time the child is in the provider's care.
- You have the right to make complaints or discuss areas of concern or suggestions regarding the SC Voucher Program by calling 1-800-763-2223.
- You have the right to receive a fair hearing regarding any decision that results in the denial or termination of services, provided that the decision is not due to funding. Requests for fair hearings shall be submitted in writing to Individual and Provider Rights, SCDSS, P.O. Box 1520, Columbia, South Carolina, 29202-1520.

Applicant Responsibilities

- It is your responsibility to provide current and accurate verification of gross family income, family size, age of child(ren), change of address, and employment/school/training and to report all changes to this information within 10 calendar days after the change occurs.
- It is your responsibility to pay your provider for child care services you receive before or after the authorized dates of service.
- It is your responsibility to choose a child care provider within 15 calendar days from the date you are notified of your eligibility for services.
- It is your responsibility to pay a weekly client fee, which is based on your family size and income, for each child receiving child care services through the SC Voucher Program.

The is the bottom of the first page, and advises the client of all **required** documents they will need to provide with their application.

Getting Started

> Applicant

> My Household

> Income Details

> Child Care Services

> Document Upload

> Sign and Submit

Required Documents

If any of the Household Members relationship to applicant is one of the following: Niece/Nephew, Grandchild, Sibling, Aunt/Uncle, Cousin or Adoptive Child, the following is required

- Proof of Custody/Guardianship

If Employed , one of the following is required

- Pay Stubs
- Letter from Employer
- Income tax returns

If Self-Employed, one of the following is required

- Schedule C - Profit/Loss Statement
- Ledgers or Logs

If in School,the documents are required

- Copy of the current school schedule
- Proof of paid tuition

If in Training, the following documents are required

- Copy of training schedule
- Proof of paid tuition (required only if client is paying for the training)

If Disabled, the following documents are required

- Proof of disability income
- Letter from physician indicating verified disability and whether or not the applicant can work. DSS Form 1247 is the preferred way to verify this information.

Each section will change from gray once the client views the page and they will be able to jump to the last section if they have to come back to complete the application.

The DSS Form 1247 will be linked under parent details if the applicant indicates they are disabled.

This is at the bottom of every page. This allows the applicant to exit the application without losing information.

Save & Continue >

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The application should be completed by the parent/guardian.

If you are applying for child care assistance for a foster child, it should be completed in the foster child's name.

The screenshot shows a web application interface. On the left is a sidebar with navigation links: 'Getting Started' (green), 'Applicant' (orange), 'Personal Information' (blue), 'Demographic Information' (white), 'My Household' (grey), 'Income Details' (grey), 'Child Care Services' (grey), 'Document Upload' (grey), and 'Sign and Submit' (grey). The main content area has a yellow header bar with 'Start Date:10/25/2022' and 'Applying for: SC VOUCHERS', and a link for 'Rights and Responsibilities'. Below this is a blue bar for 'Personal Information'. The form contains several fields: 'First Name *', 'M.I.', 'Last Name *', 'Gender *', 'Date of Birth *', 'SSN:', and 'CHIP Case No: (If applicable)'. Red circles highlight the labels for 'First Name *', 'Last Name *', 'Gender *', and 'Date of Birth *'. Red arrows point from these circles to a red text note at the bottom: 'Required fields are indicated by the red *.'

Getting Started

Applicant

Personal Information

Demographic Information

> My Household

> Income Details

> Child Care Services

Document Upload

> Sign and Submit

Start Date:10/25/2022 Applying for: SC VOUCHERS

[Rights and Responsibilities](#)

Please complete all required fields (*) before continuing to next page

Personal Information

First Name * M.I. Last Name * Gender * Date of Birth *

SSN: CHIP Case No: (If applicable)

Required fields are indicated by the red *.

Contact Information

Has the family been homeless for one or more days during the month of the application? * ☐ Yes ☒ No

What County do you live in ? *

Richland

Residence Address

Street Address*

1535 confederate avenue

Address Line 2

City*

columbia

State *

South Carolina

Zip *

29201

Is this also your mailing address ? *

☒ Yes ☐ No

If the applicant indicates there is a separate mailing address, they are given the section to complete.

Mailing Address

Street Address *

Address Line 2

City *

State *

South Carolina

Zip*

Contact/Method of Communication

Home

(999)999-9999

Work

(999)999-9999

Telephone

(999)999-9999

Email Address

christine.pitts@dss.sc.gov

If applicant indicates the mailing address is the same as the residence, the mailing address does not populate on the application.

The email is automatically entered and cannot be changed from the email address associated with the portal login.

Required fields are indicated by the red *

< Previous

Save & Continue >

Demographic Information

Race *
Native Hawaiian/Pacific Islander, ...

Hispanic/Latino? *
Select

Marital Status *
Select

Education Level *
Select

Primary Language *
Select

Save & Continue >

☐

☒ American Indian/Alaskan Native

☐ Black/African American

☒ Native Hawaiian/Pacific Islander

☒ Asian

☒ White

Race is a multi-select option, all chosen races appear in the blank above the dropdown box

All other questions are single-select.

This is the client reference number. It is now tied to this application.

Reference #: DVGMDTMP Start Date:10/25/2022 Applying for: SC VOUCHERS
[Rights and Responsibilities](#)

Please complete all required fields (*) before continuing to next page

About my Household

List all household members (applicant is already shown). At minimum, there should be at least three household members (two parents and at least one child)

Household Member Information

+ Add Household Member

Name	Relationship to Household	Date of Birth	Action
Portal Test	Self	10/14/1992	

< Previous

Save & Continue >

The applicant is automatically added as in the household.

If this is a 2-parent household, both parents must be included in the household. The client will not be able to continue if the second parent is not included.

At least one child must be added in the household.

All household members can be added, the eligibility worker will determine who to include in the household size.

If no more household members need to be added, saves current household member and to return to the previous screen.

Add Household Member *Please complete all required fields (*) before continuing to next page* ×

First Name * Walk Through	Middle Initial [Placeholder]	Last Name * Test	Gender * Male
Date of Birth * 02/17/1997	Age 25	Relationship * Spouse	

Buttons: Cancel Save Save and Add another household member

Age auto populates based on the birthdate.













Goes back to previous screen without saving the information

This allows the client to add multiple household members without returning to the previous screen.

Required fields are indicated by the red *

About my Household

List all household members (applicant is already shown). At minimum, there should be at least three household members (two parents and at least one child)

Household Member Information			+ Add Household Member
Name	Relationship to Household	Date of Birth	Action
Portal Test	Self	10/14/1992	
Walk Through Test	Spouse	02/17/1997	 
A Child	Child	10/05/2010	 
B Child	Child	04/16/2013	 
C Child	Niece/Nephew	04/20/2006	 
D Child	Child	10/02/2022	 
E Child	Niece/Nephew	06/15/2016	 

< Previous

Save & Continue >

If household is a two-parent family, the second parent cannot be labeled “No Relation”. The next best relation will need to be selected.

Household Income

Income and/or Benefits

Does anyone in the household receive income or benefits?

This includes money you may get from a job, the government, or other sources.

Does family have assets that exceed \$1,000,000? ☐ Yes ☐ No

1. Does Portal Test receive income? * ☐ Yes ☐ No

2. Does Walk Through Test receive income? * ☐ Yes ☐ No

3. Does A Child receive income? * ☐ Yes ☐ No

4. Does B Child receive income? * ☐ Yes ☐ No

5. Does C Child receive income? * ☐ Yes ☐ No

6. Does D Child receive income? * ☐ Yes ☐ No

7. Does E Child receive income? * ☐ Yes ☐ No

All yes responses will populate the income choices. It is multi-select and will populate the next several pages based on these responses.

The drop down selection

Income and/or Benefits

Does anyone in the household receive income or benefits?

This includes money you may get from a job, the government, or other sources.

Does family have assets that exceed \$1,000,000? ☐ Yes ☒ No

1. Does Portal Test receive income? * ☒ Yes ☐ No

Income Type*

Wages, Self-Employment, TANF (Family Independence)

2. Does Walk Through Test receive income? * ☒ Yes ☐ No

Income Type*

Self-Employment, Food Stamps, Social Security

3. Does A Child receive income? * ☒ Yes ☐ No

Income Type*

SSI or other Federal Cash Benefits

4. Does B Child receive income? * ☐ Yes ☒ No



☐ Wages

☐ Self-Employment

☐ Housing Voucher or Cash Assistance

☐ TANF (Family Independence)

☐ Food Stamps

Household Income

Portal Test 's Income and Benefits

What is the gross income amount of Portal Test ? \$0.00 per month

Wages

[+ Add Wages](#)

Income Amount ↑↓	Pay Frequency ↑↓	Name of Employer ↑↓	Address ↑↓	Contact Name ↑↓	Contact Phone ↑↓	Hours Per Week ↑↓	Employer Email ↑↓	Action ↑↓
No records found								
Total: \$0.00	Monthly							

Self-Employment

[+ Add Self-Employment](#)

Income Amount ↑↓	Pay Frequency ↑↓	Name of Employer ↑↓	Address ↑↓	Contact Name ↑↓	Contact Phone ↑↓	Hours Per Week ↑↓	Employer Email ↑↓	Action ↑↓
No records found								
Total: \$0.00	Monthly							

TANF (Family Independence)

[+ Add TANF \(Family Independence\)](#)

Income Amount ↑↓	Pay Frequency ↑↓	Action ↑↓
------------------	------------------	-----------

Every household member that was listed as having income on the previous page, will be given their own page to list what type of income and how often received.

Click the green button to add the income. If something was selected by mistake, return to previous page and edit the selection for that household member.

Add Wages

Employer Information

Name of Employer* Address*
Employer Email Contact Name*
Contact Phone* How many hours do you work each week?*

Income Amount* Pay Frequency*
Select pay frequency

Cancel Save

Add Self-Employment

Employer Information

Name of Employer* Address*
self home
Employer Email Contact Name*
self
Contact Phone* How many hours do you work each week?*
(098)765-4321 15
Income Amount* Pay Frequency*
\$150.00 Monthly

Cancel Save

Wages (employment income) and self-employment need the additional information. It will be repopulated under parent details on a later screen.

For self-employment, applicants should list the household member who is self-employed as the employer and their address as the employer's address.




Add TANF (Family Independence)

Income Amount* Pay Frequency*
Select pay frequency

Cancel Save

All other income sources resemble what the TANF screen looks like.

Wages								+ Add Wages
Income Amount ↑↓	Pay Frequency ↑↓	Name of Employer ↑↓	Address ↑↓	Contact Name ↑↓	Contact Phone ↑↓	Hours Per Week ↑↓	Employer Email ↑↓	Action ↑↓
\$400.00	Weekly	Portal Walk thru	12 main street	John Doe	1111111111	35		  
Total: \$1,732.00		Monthly						

Self-Employment								+ Add Self-Employment
Income Amount ↑↓	Pay Frequency ↑↓	Name of Employer ↑↓	Address ↑↓	Contact Name ↑↓	Contact Phone ↑↓	Hours Per Week ↑↓	Employer Email ↑↓	Action ↑↓
\$150.00	Monthly	self	home	self	0987654321	15		  
Total: \$150.00		Monthly						

Reference #: DVGMDTMP
Start Date:10/25/2022
Applying for: SC VOUCHERS
Rights and Responsibilities




Please complete all required fields (*) before continuing to next page

Household Income

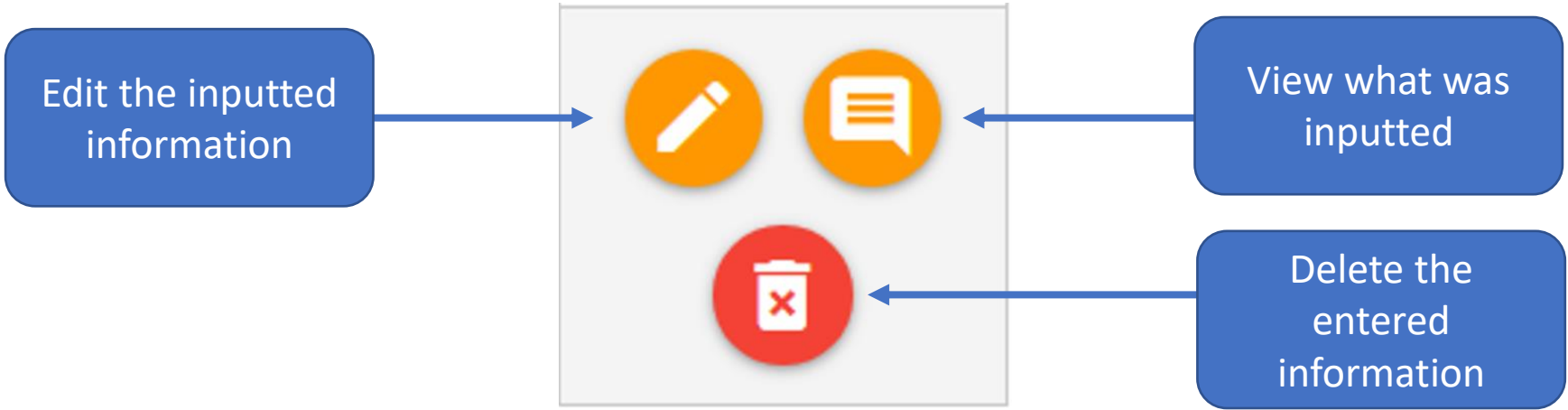
A Child's Income and Benefits

What is the gross income amount of A Child ? \$1,068.00 per month

SSI or other Federal Cash Benefits
+ Add SSI

Income Amount ↑↓	Pay Frequency ↑↓	Action ↑↓
\$1,068.00	Monthly	  
Total: \$1,068.00		Monthly

< Previous
Save & Continue >











Eligible children must be under the age of 13 at the time of application.
If the child is between 13 and 19 year old, they will need to have a verified special need or be a foster child.

Children who need Child Care Services

NOTE: In order to apply for Child Care Services, the child has to be under 19 years old at the time of application

Children information

+ Add Child

Child Name ↑↓	Date of Birth -- Age	Action
A Child	10/05/2010 -- 12	 
B Child	04/16/2013 -- 9	 
C Child	04/20/2006 -- 16	 
D Child	10/02/2022 -- 0	 

< Previous

Save & Continue >

Add each child who needs child care.

Each child that has been indicated as needing services, and the option to edit or delete if needed.

Add child who needs child care services

NOTE: If the child is not listed here, add the child [here](#)

Select a Child *
A Child

SSN

Date of Birth *

10/05/2010

Race *

Native Hawaiian/Pacific ...

Hispanic/Latino? *

Hispanic/Latino

Is the child a U.S. citizen? *

☒ Yes ☐ No

Are the child's immunization up to date? *

☒ Yes ☐ No

Does the child have a disability? *

☐ Yes ☒ No

Does the child currently attend school? *

☒ Yes ☐ No

School District *

Lexington 01

Type of Attendance

Attends Full-Day

Type of Child Care Needed

Child Care Needed School Year

School-Ager

Add child who needs child care services

NOTE: If the child is not listed here, add the child [here](#)

Select a Child *

C Child

SSN

Date of Birth *

04/20/2006

Race *

Choose

Hispanic/Latino? *

No Response

Is the child a U.S. citizen? *

☐ Yes ☒ No

Is the child a legal alien? *

☐ Yes ☐ No

Are the child's immunization up to date? *

☐ Yes ☐ No

Does the child have a disability? *

☐ Yes ☐ No

Does the child currently attend school? *

☐ Yes ☐ No

Type of Child Care Needed

Select

2010 - 12

Legal Alien

Add child who needs child care services

NOTE: If the child is not listed here, add the child [here](#)

Select a Child *

B Child

SSN

Date of Birth *

04/16/2013

Race *

American Indian/Alaska...

Hispanic/Latino? *

Non-Hispanic/Latino

Is the child a U.S. citizen? *

☒ Yes ☐ No

Are the child's immunization up to date? *

☒ Yes ☐ No

Does the child have a disability? *

☐ Yes ☒ No

Does the child currently attend school? *

☐ Yes ☒ No

Type of Child Care Needed

Child Care Needed All Year

Infant - Preschooler

Which child needs child care?

The client will add each child they need services for. As the applicant completes each question, the answer will populate additional questions as needed.

Required fields are indicated by the red *.

Please complete all required fields (*) before continuing to next page

NOTE: If the child is not listed here, add the child [Click Here](#).

Child care Providers

Child care Provider Information

+ Add Child care Provider

Child Name	Child care Provider	Address	Action
No results found			

< Previous

Save & Continue >

If the applicant has not chosen a child care provider, this screen can be skipped.

If a provider has been chosen, the applicant will add the provider and will indicate which child or children will attend that child care provider.

Add Child care Provider

Please complete all required fields (*) before continuing to next page

Select a Child *
Choose

City *
Child Care Services

Children In Need

Child Care Providers

Parent Details

Provider Name *
NOTE: If the child is not listed here, add the child Click Here.

State *
Enter provider State

Child Care Provider Information

Child Name

Child care Provider

Address

Provider Address *
Zip *

Cancel

Save





Please complete all required fields () before continuing to next page*

NOTE: If the child is not listed here, add the child [Click Here](#).

Child care Providers

Child care Provider Information

 Add Child care Provider

Child Name	Child care Provider	Address	Action
D Child , B Child	Daycare Name	address colubia South Carolina 29201	 
A Child	Daycare 2	Next door columbia South Carolina 29201	 

 Previous

Save & Continue 

This will only list children the applicant chooses a child care provider for. If a child was indicated as needing child care services, but a provider is not chosen, that will be noted on the application. Applicants should not be alarmed if all children are not listed.

Getting Started

> Applicant

> My Household

> \$ Income Details

> Child Care Services

Children In Need

Child Care Providers

Parent Details

Document Upload

> Sign and Submit

Reference #: DVGMDTMP Start Date:10/25/2022 Applying for: SC VOUCHERS

[Rights and Responsibilities](#)

Please complete all required fields (*) before continuing to next page

Parent Details

Tell us where the parent(s) work or attend school or training

Parent Details

+ Add Parent Details

Name	Employment/School Training Status	Action
No parent information available		

< Previous

Save & Continue >

If this is a two parent family, there must be two parents listed before continuing.

The applicant will need to select each parent from the drop down list.

Multi-select for employment, school, training, disability

The screenshot shows a web form titled "Add Parent Details" with a close button (X) in the top right corner. The form is divided into several sections. The first section, "Parent/Guardian/Foster Parent *", has a dropdown menu open showing options: "Portal Test" (highlighted in orange), "Walk Through Test", and "E Child". Below this is a "Portal Walk thru" link. The second section, "Please Select Military Status *", has a dropdown menu showing "Military Status". The third section, "Employment/School/Training Status *", has a dropdown menu showing "Employed". The fourth section, "Address *", has a text input field with "12 main street". The fifth section, "Contact Name *", has a text input field with "John Doe". The sixth section, "Hours Per Week? *", has a text input field with "35". The seventh section, "Pay Frequency *", has a dropdown menu showing "Weekly". The eighth section, "Contact Phone Number *", has a text input field with "(111)111-1111". The ninth section, "Income Amount *", has a text input field with "\$400.00". There is a "Previous" button at the bottom left and a "Next" button at the bottom right. A blue arrow points from the text box on the left to the dropdown menu. Another blue arrow points from the text box on the right to the "Employment/School/Training Status" dropdown menu.

Add Parent Details [X]

Parent/Guardian/Foster Parent *
Portal Test
Walk Through Test
E Child
Portal Walk thru

Please Select Military Status *
Military Status

Employment/School/Training Status *
Employed

Address *
12 main street

Contact Name *
John Doe

Hours Per Week? *
35

Pay Frequency *
Weekly

Contact Phone Number *
(111)111-1111

Income Amount *
\$400.00

Previous Next

Wages and self-employment are auto populated from the household income once the household member is selected.

Tell us where the parent(s) work or attend school or training

School/Training Program Details

Name of School/Training Program *	Parent Details	School/Training Address *
Contact Person at School/Training *	Name	Employment/School Training Status
Contact Person's Phone No *	test test	(999)999-9999
How many hours do you attend School/Training each week? *	COVID Test	Employed

Previous Save

These fields only populate if the applicant indicates in school, in training, or disabled.

Edit Parent Details

Note: You have indicated you are disabled. The attached [DSS Form 1247](#) must be completed by your physician to verify your disability.

Parent/Guardian/Foster Parent *	Please Select Military Status *	Employment/School/Training Status *
Portal Test	No	Disabled

Cancel Save

This form must be completed for all who have stated they are disabled, by the physician who will verify the disability.

DSS Portals

Christine PittsEN

/SCCCA/Application/Screening

Getting Started

> Applicant

> My Household

> Income Details

> Child Care Services

Document Upload

> Sign and Submit

Required Documents

If any of the Household Members relationship to applicant is one of the following: Niece/Nephew, Grandchild, Sibling, Aunt/Uncle, Cousin or Adoptive Child, the following is required

- Proof of Custody/Guardianship

If Employed , one of the following is required

- Pay Stubs
- Letter from Employer
- Income tax returns

If Self-Employed, one of the following is required

- Schedule C - Profit/Loss Statement
- Ledgers or Logs

If in School,the documents are required

- Conv. of the current school schedule

Reminder of the required documents that need to be uploaded.

Reference #: DVGMDTMP Start Date:10/25/2022 Applying for: SC VOUCHERS
[Rights and Responsibilities](#)

Please complete all required fields (*) before continuing to next page

Error Message: At least one document is required to be uploaded. Cannot proceed

Applicant will need to select the file on their computer/tablet/smart phone, then upload the attachment.

Document Upload

NOTE: Please check the document requirements [here](#)

+ Select

Upload

Cancel

Add Document


Document Name ↑↓	Date Submitted ↑↓	Action
No documents found		


One uploaded document is required for submission.

The applicant is able to preview the full application to check for any errors prior to submission.


Reference #: DVGMDTMP Start Date: 10/25/2022 Applying for: SC VOUCHERS
[Rights and Responsibilities](#)

Please complete all required fields () before continuing to next page*

 Preview

Applicant Personal Information 

First Name: Portal	M.I.:	Last Name: Test	Gender: Female
Date of Birth: 10/14/1992	SSN:	CHIP Case No: (If applicable):	

Applicant Contact Information 

The green edit button will take applicant to the chosen section to make corrections.

Applicant Rights

- You have the right to choose a child care center, family child care home, group child care home, church facility, or care by a neighbor, friend, or relative. If you are receiving services under Child Protective Services or Foster Care, you may choose only licensed facilities or programs.
- You have the right to visit your child any time the child is in the provider's care.
- You have the right to make complaints or discuss areas of concern or suggestions regarding the SC Voucher Program by calling 1-800-763-2223.
- You have the right to receive a fair hearing regarding any decision that results in the denial or termination of services, provided that the decision is not due to funding. Requests for fair hearings shall be submitted in writing to Individual and Provider Rights, SCDSS, P.O. Box 1520, Columbia, South Carolina, 29202-1520.

Applicant Responsibilities

- It is your responsibility to provide current and accurate verification of gross family income, family size, age of child(ren), change of address, and employment/school/training and to report all changes to this information within 10 calendar days after the change occurs.
- It is your responsibility to pay your provider for child care services you receive before or after the authorized dates of service.
- It is your responsibility to choose a child care provider within 15 calendar days from the date you are notified of your eligibility for services.
- It is your responsibility to pay a weekly client fee, which is based on your family size and income, for each child receiving child care services through the SC Voucher Program. The weekly fee is due to your provider before the weekly child care service is provided. You may also be responsible for paying the difference between the maximum amount the SC Voucher Program pays and what the provider charges.
- It is your responsibility to assure your child(ren) attends the provider in accordance with SC Voucher Program attendance policies.
- It is your responsibility to call the SC Voucher Program at 1-800-476-0199 to request approval to transfer to a new provider before you stop attending one provider and before transferring to another.

The signature page lists the applicant rights and responsibilities once again.

The applicant must read and check each item.

☒ I Certify that all the information I have provided is true and correct, I understand that state officials may verify the information and the deliberate misrepresentation may subject me to prosecute under applicable State and Federal criminal statutes. I further understand that upon my approval for this program, I may be assessed a fee based on the information i have provided. I agree, by my signature, to pay that fee according to the terms and conditions of the approved child care provider. I further certify that i have read the Application Rights and Responsibilities and will comply with the Responsibilities.

*

☒ I am aware that by submitting the application, the child care services are not guaranteed to be approved. *

☒ I Consent to sign electronically *

Signature

Portal Test

Date

10/25/2022

< Previous

Submit ✓

Applicant will type their name as an electronic signature.


Once signed, submit the application

Congratulations, the application has been submitted.

Application has been successfully submitted. See below for details.

Application Type :	SC Voucher - Child Care Application
Applying for :	SC Vouchers
Application Start Date :	10/25/2022
Application Submit Date :	10/25/2022
Reference Number :	DVGMDTMP

 Download Application



The applicant may download a copy of their application for their records.