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PREFACE

The South Carolina Senior Citizens Handbook is intended to address in a cursory manner some of the many complicated issues that confront South Carolina’s senior citizens.

While some of the information contained herein is similar to information in the 1992 edition, many sections have been substantially revised due to changes in various laws and regulations.

Though the new information is based on current legislation and industry standards, readers should always consult with the appropriate professional(s) before making decisions regarding the various legal, financial and other issues addressed herein. Contributing experts have covered a wide variety of issues concerning the elderly. However, the Handbook is not intended to take the place of advice and counsel from a competent attorney where a legal problem or issue exists.

This edition represents the hard work of many individuals, from a wide variety of backgrounds, all of whom contributed to revising and updating the edition that was published in 1992.

We hope the 2007 edition of the Handbook will prove to be a useful educational tool for South Carolina’s seniors and those who care for them. Corrections and suggestions for additional topics to be included in future editions are welcome.

Matthew E. Steinmetz,
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PART ONE – HEALTHCARE

A. MEDICARE

Note: Information in this section was condensed from the Medicare & You 2006 Handbook printed by the U.S. Centers for Medicare and Medicaid Services (CMS). The text has been edited for readability and to include information specific to South Carolina. A current copy of the complete Medicare & You Handbook can be ordered by calling 1 (800) 633-4227.

Medicare is the largest health program in the United States: a federal insurance policy that covers more than 36 million persons over the age of 65 and 7 million disabled persons. In 2003, the Medicare Modernization Act authorized the largest expansion in Medicare since the program was created in 1965. For the first time, Medicare beneficiaries will have prescription drug coverage for drugs they consume at home or in a long term care facility. Previously, the regular Medicare program paid only for drugs consumed in a hospital or administered in a doctor’s office. This is a major and expensive policy change because drugs have become an increasingly important component in modern health care. The law is officially called the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA).

Medicare Insurance Basics

Medicare is a federal health insurance program for:

- people age 65 or older,
- people under age 65 with certain disabilities, and
- people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

The Medicare program consists of four basic parts, Part A Hospital Insurance, Part B Physician coverage, Part C Medicare Advantage plans and Part D Prescription Drug Coverage Plans.

Part A Hospital Insurance

Medicare Part A (Hospital Insurance) helps cover your inpatient care in hospitals, including critical access hospitals and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. You must meet certain conditions to get these benefits.

Most people don’t have to pay a monthly payment, called a premium, for Part A. This is because they or a spouse paid Medicare taxes while working. If you don’t get premium-free Part A, you may be able to buy it if:

1) you (or your spouse) aren’t entitled to Social Security because you didn’t work or didn’t pay enough Medicare taxes while you worked and are age 65 or older or;
2) you are disabled but no longer get free Part A because you returned to work.
Generally, Medicare Part A helps cover the following medically necessary items:

**Hospital Stays:** Semiprivate room, meals, general nursing and other hospital services and supplies. This includes inpatient care you get in critical access hospitals and mental health care. This does not include private duty nursing or a television or telephone in your room. It also does not include a private room, unless medically necessary. Inpatient mental health care in a psychiatric facility is limited to 190 days in a lifetime.

**Skilled Nursing Facility Care:** Semiprivate room, meals, skilled nursing and rehabilitative services and other services and supplies (only after a related three-day inpatient hospital stay).

**Home Health Care:** Limited to reasonable and necessary part-time or intermittent skilled nursing care and home health aide services as well as physical therapy, occupational therapy and speech-language services that are ordered by your doctor and provided by a Medicare-certified home health agency. Also includes medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen and walkers), medical supplies and other services.

**Hospice Care:** For people with a terminal illness, includes drugs for symptom control and pain relief, medical and support services from a Medicare-approved hospice, and other services not otherwise covered by Medicare (like grief counseling). Hospice care is usually given in your home (which may include a nursing facility if this is your home). However, Medicare covers some short-term hospital and inpatient respite care (care given to a hospice patient so that the usual caregiver can rest).

**Part B Medical Insurance**
Medicare Part B (Medical Insurance) helps cover your doctors’ services and outpatient care. It also covers some other medical services that Part A doesn’t cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary. You pay the Medicare Part B premium each month. In some cases, this amount may be higher if you didn’t sign up for Part B when you first became eligible. You also pay a Part B deductible each year before Medicare starts to pay its share.

Medicare deductible and premium rates may change every year in January.

**Medicare Part B helps cover the following medically necessary items:**

**Medical and Other Services:** Doctors’ services (not routine physical exams except for a “Welcome to Medicare” one-time physical exam within the first six months you have Part B), outpatient medical and surgical services and supplies, diagnostic tests, ambulatory surgery center facility fees for approved procedures and durable medical equipment (such as wheelchairs, hospital beds, oxygen and walkers). It also covers a second, and sometimes a third, surgical opinion for surgery that isn’t an emergency (in some cases), outpatient mental health care and outpatient occupational and physical therapy, including speech-language services. (These services are also covered for
long-term nursing home residents.)

**Clinical Laboratory Services**: Blood tests, urinalysis, some screening tests and more.

**Home Health Care**: Limited to reasonable and necessary part-time or intermittent skilled nursing care and home health aide services as well as physical therapy, occupational therapy and speech-language therapy that are ordered by your doctor and provided by a Medicare-certified home health agency. Also includes medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen and walkers), medical supplies and other services.

**Outpatient Hospital Services**: Hospital services and supplies received as an outpatient as part of a doctor’s care.

**Specific Items and Services covered by Parts A & B**
The list of specific procedures, services and items covered by Medicare A and B—as well as those things that are not covered—can be found in the *Medicare and You Handbook*. This handbook was mailed to all Medicare beneficiaries in the United States in the fall of 2006. Visit www.medicare.gov on the Web or call 1 (800) MEDICARE (1 (800) 633-4227) to get an up-to-date copy.

**Part C Medicare Advantage Plans**
Medicare Advantage Plans are health plan options that are part of the Medicare Program. If you join one of these plans, you generally get all your Medicare-covered health care through that plan. This coverage can include prescription drug coverage. Medicare pays a set amount of money for your care every month to these private health plans whether or not you use services. In most of these plans, generally there are extra benefits and lower copayments than in the Original Medicare Plan. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services. Medicare Advantage Plans include Medicare HMOs, Medicare PPOs, Medicare Special Needs Plans, and Medicare Private Fee-for-Service Plans.

**Medicare Health Maintenance Organization (HMOs) Plans**—You generally must get your care from primary care doctors, specialists, or hospitals on the plan’s list (network) except in an emergency.

**Medicare Preferred Provider Organization (PPOs) Plans**—In most of these plans, you pay less if you use primary care doctors, specialists, and hospitals on the plan’s list (network). You can go to any doctor, specialist, or hospital not on the plan’s list, but it will usually cost extra.

**Medicare Special Needs Plans**—These plans provide health care coverage designed for specific groups of people.

**Medicare Private Fee-for-Service (PFFS) Plans**—If you join one of these plans, you can go to any primary care doctor, specialist, or hospital that accepts the terms of the plan’s payment. The private company, rather than the Medicare Program, decides how
much it will pay and how much you pay for the services you get.

There are also some additional types of Medicare Health Plans that are not part of Medicare Advantage. However, they are still part of the Medicare Program. In some of these plans, you generally get all your Medicare-covered health care from that plan. This coverage can include prescription drug coverage. Medicare pays a set amount of money for your care every month to these private health plans. These other types of Medicare Health Plans include Medicare Cost Plans, Demonstrations, and PACE (Programs of All-inclusive Care for the Elderly).

Medicare Part D Prescription Drug Coverage
Beginning January 1, 2006, Medicare prescription drug coverage became available to all Medicare beneficiaries. Everyone with Medicare can get this coverage that may help lower prescription drug costs and help protect against higher costs in the future. Medicare prescription drug coverage is an insurance plan. Private companies provide the coverage. Beneficiaries choose the drug plan and pay a monthly premium. Like other insurance, if a beneficiary decides not to enroll in a drug plan when first eligible, he or she may pay a penalty if he or she chooses to join later. Most people do pay a monthly premium for this coverage, though low-income beneficiaries can apply for a subsidy through the Social Security Administration.

Medicare prescription drug coverage helps cover your prescription drug costs. You must enroll in a plan to get this coverage. You pay a monthly premium. If you have limited income and resources, you may get this coverage for little or no cost. You can choose to take advantage of this coverage by joining a Medicare Prescription Drug Plan that covers prescription drugs only and keep the rest of your Medicare coverage just the way it is. Or, you can join a Medicare Advantage or other Medicare Health Plan that covers your doctor and hospital care as well as prescriptions.

Like other insurance, if you join a plan offering Medicare drug coverage, there is a monthly premium. If you have limited income and resources, you may get extra help to cover prescription drugs for little or no cost. The amount of the monthly premium is not affected by your health status or how many prescriptions you need. You will also pay a share of the cost of your prescriptions. All Medicare-approved prescription drug plans have to provide coverage at least as good as the standard coverage, which Medicare has set. However, some plans might also offer more coverage and additional drugs for a higher monthly premium.

All drug plans approved by Medicare may use this mark in their materials:

What Medicare Part D Coverage Includes
Medicare drug plans will cover generic and brand-name drugs. Plans may have rules about what drugs are covered in different drug categories. This makes sure people with different medical conditions can get the treatment they need. Most plans will have a formulary,
which is a list of drugs covered by the plan. This list must always meet Medicare’s require-
ments, but it can change when plans get new information. Your plan must let you know
at least 60 days before a drug you use is removed from the list or if the costs are changing.
If your doctor thinks you need a drug that isn’t on the list, or if one of your drugs is being
removed from the list, you or your doctor can apply for an exception or appeal the deci-
sion.

What Medicare Part D Coverage Costs
Monthly premiums and your share of the cost of your prescriptions can vary depending
on which plan—and the type of plan—you choose. If you have limited income or
resources, you may qualify for extra help paying your drug plan costs.

When you get Medicare prescription drug coverage, you pay part of the costs, and
Medicare pays part of the costs. You pay a premium each month to join the drug plan. If
you have Medicare Part B, you also pay your monthly Part B premium. If you belong to a
Medicare Advantage Plan or Medicare Cost Plan, the monthly premium you pay to the
plan may increase if you add prescription drug coverage. Your costs will vary depending
on which plan you choose. Your plan must, at a minimum, provide you with a standard
level of coverage as shown below. Some plans offer more coverage or lower premiums.

A Medicare-approved Standard Coverage plan carries the following costs:

• A monthly premium—the amount varies depending on the plan you choose.
• The first $250 per year for your prescriptions. This is called your “deductible.”
• You pay 25 percent of your yearly drug costs between $250 and $2,250, and
  your plan pays the other 75 percent of these costs, then;
• You pay 100 percent of your next $2,850 in drug costs, (known as the Coverage
  Gap or “Donut Hole”) then;
• You pay five percent of your drug costs (or a small co-payment) for the rest of the
  calendar year after you have spent $3,600 out-of-pocket. Your plan pays the rest.

Note: Late enrollment penalty for Part D!
After you first become Medicare eligible, if you do not have “creditable coverage from
another source, and you do not sign up for coverage from Medicare, your future premium
cost will increase at least one percent per month for every month that you wait to join.
Like other insurance, you will have to pay this penalty as long as you have Medicare pre-
scription drug coverage.

Medicare Prescription Plans available in South Carolina

At the time this edition of the Senior Citizens handbook was printed, there were 46 differ-
ent Part D stand alone prescription drug plans and 12 different Part C Medicare
Advantage plans with included drug coverage available in South Carolina. To get the most
complete and up-to-date listing of plans, please refer to the Medicare Publication
“Medicare and You” for the current year. “Medicare and You” is mailed out to all Medicare
beneficiaries each October. A current copy can also be ordered by calling
1 (800) 633-4227.
Extra Help With the Costs of Medicare Part D

Social Security
Extra help is available from Social Security to help qualifying low-income Medicare beneficiaries pay for some of their Medicare Part D expenses such as premiums and deductibles.

You automatically qualify for help to pay some of your expenses if you have Medicare and any of the following apply:

- your prescription drug coverage is through Medicaid,
- the state pays your Medicare Part B premium or
- you receive Supplemental Security Income (SSI).

Other Medicare beneficiaries who do not fall into one of the categories above, but who do have limited income and resources may still qualify for the extra help from Social Security. The federal government may provide extra help to persons on Medicare if their monthly income and countable resources (assets) are below a certain level. Countable resources include money and property that you own (excluding your home and automobile).

For more information or to apply, contact the Social Security Administration at 1 (800) 772-1213 or visit www.socialsecurity.gov.

GAPS

The “donut hole” is a term sometimes used to refer to the coverage gap in Medicare Part D coverage plans. During the donut hole, a Medicare Part D participant could be responsible for up to $2,850 in drug costs before the Medicare drug coverage continues. Some Medicare drug plans will offer coverage during the donut hole for covered generic and/or brand name medications, but most do not.

In South Carolina, the State Department of Health and Human Services replaced its old SILVERxCARD program in 2006 with the new Gap Assistance Pharmacy Program for Seniors (GAPS). GAPS will provide state pharmacy assistance to help qualifying seniors with drug costs during the donut hole. However, you must be enrolled in a Medicare drug plan that participates with GAPS and meet income guidelines. For more information about the new South Carolina GAPS program, please contact the Department of Health and Human Services at 1 (888) 549-0820. The GAPS application is available online at http://scaccess.assistguide.com.

Supplemental Security Income Benefits (SSI)

What is this program?
Supplemental Security Income (SSI) is a monthly benefit paid by the Social Security Administration to people with limited income and resources who are disabled, blind or age 65 or older. SSI benefits provide cash to meet basic needs for food, clothing and shelter. SSI benefits aren’t the same as Social Security benefits. You can make an appointment to apply for SSI benefits on the telephone or in person at your local Social Security office.
How do I qualify for this program?
To qualify for SSI, you must have limited income and resources and be disabled, blind or age 65 or older. You also must be a resident of the United States, not be absent from the country for more than 30 days and be either a U.S. citizen or national, or in one of certain categories of eligible non-citizens.

What do I do next?
For more information, call Social Security at 1 (800) 772-1213 or contact your local Social Security office. TTY users should call 1 (800) 325-0778. You can also visit www.socialsecurity.gov and use the Benefits Eligibility Screening Tool (BEST) to find out if you are eligible for SSI or other benefits to help you decide whether to apply.

B. MEDICAID

Medicaid is a program designed to pay for health care for needy persons who have low income. This program, also referred to as the Medical Assistance Program, or Title XIX (of the Social Security Act), is financed jointly by the federal government and the State of South Carolina. Because Medicaid uses state as well as federal funds and is administered by the states, its rules and regulations vary from state to state. In South Carolina, since June 2, 2002, the Medicaid Program has been administered solely by the Department of Health and Human Services.

Medicaid is a complex program governed by both state and federal laws and regulations. In addition, there are numerous program manuals and policy issuances. These rules change from time to time. A person can have both Medicaid and Medicare. If you have both, Medicaid will probably pay the monthly Medicare premium, the coinsurance and deductibles and cover Medicaid services, which are not covered by Medicare. The discussion below covers only the major aspects of Medicaid. More information can be obtained at your local county Department of Health and Human Services.

Eligibility

Prior to 1996, the categories of Medicaid eligibility covering most children and families were related to eligibility for various cash assistance programs. The Personal Responsibility and Work Opportunity Act of 1996 separated eligibility for Medicaid from eligibility for the Temporary Assistance for Needy Families (TANF) Program (formerly, the AFDC Program). In practice, those who would have been eligible under AFDC on or before July 16, 1996, are generally still eligible for Medicaid. Also, Medicaid eligibility continues to be “categorically” related to certain benefits under other Titles (than Medicaid, Title XIX) of the Social Security Act.

Under the federal Medicaid rules, all states must cover certain mandatory groups. In addition, states can also get a financial contribution from the federal government to help pay for the cost of medical care for other optional groups. The major mandatory groups are:

Pregnant women and infants with incomes at or below 133 percent of the federal poverty level (FPL)—This coverage continues for at least 60 days after the pregnancy. It also includes the infant(s) who continue to live with the woman. (States can
choose, for example, the option of covering these individuals with incomes up to 185 percent of FPL).

**Children**—This coverage is for children up to age six with family incomes up to 133 percent of the FPL and children up to age 19 with family incomes up to 100 percent of the FPL. (Again, states can choose to raise the income eligibility limits.)

**Foster children and those receiving adoption assistance**—Children participating in these programs are authorized under Title IV-E of the Social Security Act. These are examples of Medicaid eligibility that continues to be based upon participation in an assistance program established under a different Title of the Social Security Act.

**Supplemental Security Income (SSI) and Optional State Supplement (OSS) recipients**—Medicaid is also provided automatically to people who receive SSI payments because they are aged, blind or disabled and have low income and to aged, blind or disabled persons who reside in an approved placement in a community residential care facility because they are not able to live independently.

**Other mandatory groups**—There are a number of other groups for which eligibility is related in one way or another to other programs under the Social Security Act. Additional information can be found at www.scdhhs.gov.

South Carolina covers a number of optional groups. These are groups the State can elect to cover under the Medicaid Program and also receive part of the cost of the services from the federal government. Coverage groups change from time to time. Again, complete information can be found at www.scdhhs.gov. Some important examples are set forth below.

**Individuals who qualify because of their need for institutional care**—These are needy individuals who reside in Title XIX (Medicaid)-certified medical facilities such as nursing homes. They become financially eligible at a special income level set by the state, within federal parameters. Even though financially eligible, these individuals must still medically need institutional care in order for Medicaid to sponsor their care. There are medical criteria for each type of institutional care. Individuals who qualify under this category are required to apply all their countable monthly income, except a small portion for personal needs, to the cost of the institutional care, and Medicaid pays the remainder.

**Community long term care clients**—These are people who meet the medical criteria for institutional care, but who elect to try to avoid unnecessary or premature institutionalization by receiving supportive care and services at home. The special income eligibility levels also apply to these individuals.

**Optional coverage for (pregnant) women and infants**—At the time of this publication (2006), South Carolina has chosen the option (as indicated above) of covering these individuals at 185 percent of the FPL. Coverage levels may change, and the current levels can be determined at www.scdhhs.gov.

**Children up to age 19**—At the time of this publication, South Carolina has chosen the option of covering this group with family incomes of up to 150 percent of the FPL.
Other optional groups—There are quite a few optional groups provided for in the federal rules. South Carolina, does, according to resources and need, from time to time add or delete groups. Some other groups of people may be made eligible for Medicaid if Congress changes the laws or regulations. Current information may be found at www.scdhhs.gov.

Spousal Impoverishment

In October of 1988, the Medicare Catastrophic Coverage Act was passed that made provisions for the community spouse or non-nursing home spouse. The income of the spouse residing in the nursing home may now contribute to the community spouse’s income. A specified monthly income for maintenance of the community spouse must be reached before Medicaid can subtract payment from the income of the nursing home spouse. The nursing home spouse is also allowed to retain certain countable assets.

Information concerning spousal impoverishment may be found at www.scdhhs.gov.

Transfer of Assets

The Medicare Catastrophic Coverage Act (MCCA), Public Law 96-611 and the Deficit Reduction Act of 2005 (DRA), Public Law 109-171, revised the transfer of assets provisions found in §1917 of the Social Security Act. Individuals who apply for institutional or waivered services may be penalized for the transfer of a resource at less than fair market value. For purposes of this provision, individuals in receipt of home and community based services are considered institutionalized.

Individuals who apply for institutional or waivered services who disposes of resources for less than fair market value after the enactment date of the DRA (Jan. 8, 2006) may be subject to a 60-month look back period and the imposition of a transfer penalty. The transfer penalty does not apply in the following situations:

- No penalty is imposed for the transfer of a home to spouse, child under age 21 or a blind or disabled child, sibling with equity interest who lived in the home at least one year before the individual’s admission to the institution, or child who lived in the parent(s)’ home for at least two years before the parent was admitted to the institution and who provided care for the parent which delayed institutionalization.

- No penalty is imposed if the resources were transferred to a community spouse, minor, blind disabled child, or to another for the sole benefit of community spouse.

- No penalty is imposed if the individual can show that he intended to dispose of resources at fair market value or for other consideration.

- No penalty is imposed if the individual can show that the resources were transferred for some reason other than to quality for Medicaid.

- No penalty is imposed if the imposition of the penalty would work an undue hardship.
The Medicaid Card

Once an individual is eligible for Medicaid, he or she will receive a Medicaid card, which entitles the individual to coverage. When the person goes to the doctor, or gets a prescription filled, he or she will be asked to show the Medicaid card. The health care provider files a claim with Medicaid. The individual cannot file the claim.

In some cases there is a co-payment required for the services received.

Not all doctors and health care providers accept Medicaid. It is important to find out before services are received if the provider has agreed to accept Medicaid payment. If he or she does not, the individual will be responsible for paying the bill. If a provider participates in the Medicaid program, he or she has agreed to accept Medicaid payments as full payment, and the provider cannot charge the beneficiary the difference between what Medicaid pays and what he or she charges.

Not all medical services are covered under Medicaid, and the individual will be responsible for paying for those services not covered.

Covered Services

Medicaid will pay for health care services that are covered and that are medically necessary. Some services are limited to a certain number per fiscal year (July 1st through June 30th).

These services are subject to change and may be limited by who can receive them. The types of procedures that are covered and the number of times they can be received and paid for by Medicaid may be found at www.scdhhs.gov.

How to Apply

The aged, blind or disabled who may be eligible for Supplemental Security Income (SSI) should apply at the local Social Security Office. If they are eligible to receive SSI, they will automatically receive Medicaid. They will not need to make a separate application for Medicaid.

Other categories of eligibility may be determined by contacting the local Medicaid eligibility office. Additional information may be obtained on the Web at www.scdhhs.gov.

Rights

Medicaid cannot discriminate on the basis of race, color, national origin or handicap.

If an individual is turned down for eligibility by the Department, he or she has the right to appeal and can request a fair hearing. This request must be made within 30 days of receiving notice of having been turned down.

For more information, go to www.scdhhs.gov.
C. LONG TERM CARE

Long-term care is a variety of services that includes medical and non-medical care to people who have a chronic illness or disability. Long-term care is also when a person requires someone else to help them with a physical or emotional need (i.e. house cleaning, preparing meals, companionship or support for loved ones) over an extended period of time. Most long-term care is to assist people with support services as activities of daily living like bathing, dressing, walking and eating. The need for long-term care may only last for a few weeks or months or it may go on for years. Long-term care may be provided at home, in the community, in an assisted living facility or in a nursing home. Most people prefer to stay at home, and most of the time family and friends become caregivers. The deciding factor of where to receive care centers on the intensity and amount of services needed for support. You may never need long-term care or you may need long-term care at any age.

Custodial care (non-skilled care) and skilled care are terms used by the medical community, health care plans, health insurance plans, Medicare, Medicaid and the Veterans Administration. These terms are used to differentiate care provided by medical specialists as opposed to care provided by aides, volunteers, family or friends. Generally skilled services are paid for by a health care plan.

**Skilled care** is the provision of services and supplies that can be given only by or under the supervision of skilled or licensed medical personnel. These services must be done under a written plan of care which often includes custodial care services.

**Custodial care** is the provision of services and suppliers that can be given safely and reasonably by individuals who are neither skilled nor licensed medical personnel.

Community Residential Care Facilities/Assisted Living Facilities provide room and board and a degree of personal assistance. The core services provided include, but are not limited to:

- three meals a day,
- snacks at no additional charge,
- housekeeping services,
- assistance with eating, bathing, dressing toileting and walking,
- medication assistance,
- 24 hours, seven days a week staffing and
- transportation to medical appointments.

Residents of these facilities are not eligible for reimbursement from Medicare or Medicaid, but eligible residents may qualify for the Optional State Supplement Program which pays for room and board in the facility. This program is administered by the Department of Health and Human Services. The Community Residential Care Facilities (CRCFs) are licensed and monitored for compliance by the S.C. Department of Health and Environmental Control, Division of Health Licensing.

Nursing homes are facilities with organized nursing staff that maintain and operate organized facility services to accommodate two or more unrelated persons over a period exceed-
A nursing home may be operated in connection with a hospital or as a free-standing facility for the express or implied purpose of providing nursing care for persons who are not in need of hospital care. Nursing homes provide a wide range of personal and health services. A resident’s plan of care will differ based on his or her needs. Some residents will return home after a short rehabilitative stay following a hospitalization, and others may require care for an extended period.

Medicare pays for skilled nursing facility care for a limited period of time if you meet certain conditions. For more information, please refer to the Medicare Section of this book and your Medicare booklet. You may also find more information on nursing homes in your area at “Nursing Home Compare” on the Medicare Web site (www.medicare.gov/NHCompare).

Choosing the Right Facility

Choosing a nursing home is a decision requiring much care and thought. The nursing home you choose could have a profound impact on your loved one's quality of life and sense of dignity. Selecting a nursing home depends on whether your loved one needs long-term care or short term recovery care. First, determine what you can afford. Visit several homes at different times of day and take a checklist with you. The bathrooms, lounges and offices should be clean and odor free.

Observe whether the atmosphere is warm and comfortable. Is there a homelike atmosphere? Are the drinking fountains, televisions and radios functioning properly? Are residents in bed or up participating in activities? Is the menu posted? Is the meal being served the same as the meal posted? Are the residents eating or receiving assistance with meals?

The staff of the home should have a positive and encouraging attitude toward the residents. Notice if residents are treated with dignity and respect. Observe the residents, their actions and how they are dressed. Talk with some of the residents to see if they are satisfied with the care they receive.

Don’t hesitate to ask questions when visiting a nursing home.
Nursing Home Checklist

It is important for you and your family members to visit the nursing home to make sure that it meets your needs, as well as those of your family. A few things to consider when choosing a nursing home are listed here.

Is the nursing home accepting new residents? Yes_____ No_____  
Is the nursing home easy to visit for family and friends? Yes_____ No_____  
Does the nursing home use hospitals where my doctor practices? Yes_____ No_____  
Does the nursing home have the services I need? Yes_____ No_____  
Does the nursing home have a variety of activities I might enjoy? Yes_____ No_____  
Do residents appear clean and well groomed? Yes_____ No_____  

Do the residents have the same staff on a daily basis? Yes_____ No_____  
  • Is there enough staff available to assist residents? Yes_____ No_____  
  • Does the staff respond quickly to residents’ calls for help? Yes_____ No_____  
Does the nursing home have an active resident and/or family council? Yes_____ No_____  
Is the nursing home clean and pleasant? Yes_____ No_____  
Is the nursing home certified by Medicare and Medicaid? Yes_____ No_____  
Are the nursing home and current administrator licensed? Yes_____ No_____  
How much is the cost of care in this nursing home? __________________  
  • What services are included in this price? __________________  
  • What additional costs will I have to pay? __________________  

Also, ask to see the nursing home’s last annual state inspection report. Did the report find any problems? Ask how the problems were fixed.
Residents Rights

Residents’ rights are guaranteed by the federal 1987 Nursing Home Reform Law and the S.C. Code Ann. § 44-81-20. These laws require that long-term care facilities “promote and protect the rights of each resident” and place a strong emphasis on individual dignity and self-determination. A person living in a long-term care facility maintains the same rights as an individual living in the community.

All facilities are required to provide services and activities to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident in accordance with a written plan of care. The facility must give each resident or resident’s representative a written and oral explanation of the rights, grievance procedures and enforcement provisions before or at the time of admission. The resident or resident’s representative’s written acknowledgment of receipt of these explanations must be made a part of the resident’s file.

A Residents’ Rights Poster must be posted in prominent locations in all facilities. As a resident of a long-term care facility, you have the following rights:

The right to be fully informed of
• available services and the charges for each service;
• facility rules and regulations, including a written copy of resident rights;
• address and telephone number of the State Ombudsman and state survey agency;
• state survey reports and the nursing home's plan of correction;
• advance plans of a change in rooms or roommates;
• assistance if a sensory impairment exists; and
• residents have a right to receive information in a language they understand (Spanish, Braille, etc.).

Right to complain
• Present grievances to staff or any other person, without fear of reprisal and with prompt efforts by the facility to resolve those grievances;
• to complain to the ombudsman program; and
• to file a complaint with the state survey and certification agency.

Right to participate in one's own care
• Receive adequate and appropriate care;
• be informed of all changes in medical condition;
• participate in their own assessment, care planning, treatment and discharge;
• refuse medication and treatment;
• refuse chemical and physical restraints;
• review one's medical record; and
• be free from charge for services covered by Medicaid or Medicare.

Right to privacy and confidentiality
• Private and unrestricted communication with any person of their choice;
• during treatment and care of one's personal needs; and
• with regard to medical, personal or financial affairs.
Rights during transfers and discharges
• Remain in the nursing facility unless a transfer or discharge:
  (a) is necessary to meet the resident’s welfare;
  (b) is appropriate because the resident’s health has improved and s/he no longer
  requires nursing home care;
  (c) is needed to protect the health and safety of other residents or staff; or
  (d) is required because the resident has failed, after reasonable notice, to pay the
  facility charge for an item or service provided at the resident’s request.
• Receive 30 day notice of transfer or discharge which includes the reason, effective
  date, location to which the resident is transferred or discharged, the right to appeal
  and the name, address and telephone number of the state long-term care ombuds-
  man.
• Safe transfer or discharge through sufficient preparation by the nursing home.

Right to dignity, respect, and freedom
• to be treated with consideration, respect and dignity;
• to be free from mental and physical abuse, corporal punishment, involuntary seclu-
  sion and physical and chemical restraints;
• to self-determination; and
• security of possessions.

Right to visits, such as
• by a resident’s personal physician and representatives from the state survey agency
  and ombudsman programs;
• by relatives, friends and others of the residents’ choosing; and
• by organizations or individuals providing health, social, legal or other services.
• Residents have the right to refuse visitors.

Right to make independent choices, such as
• making personal decisions, such as what to wear and how to spend free time;
• reasonable accommodation of one’s needs and preferences;
• choosing a physician;
• participating in community activities, both inside and outside the nursing home;
• organizing and participating in a resident council; and
• managing one’s own financial affairs.

Advocates for Residents Rights
Where do you go for help if you’re concerned a facility is not guaranteeing the rights of
residents? Contact your regional or state long-term care ombudsman. (Please refer to the
Resource Directory at the end of this handbook for contact information.) The Long-Term
Care Ombudsman Program is required by federal law to promote and protect the rights of
residents in licensed long-term care facilities.

A list of licensed long term care facilities may also be found on the Department

The National Citizens’ Coalition for Nursing Home Reform (NCCNHR) can also help you
locate advocates and ombudsmen in your area. You can visit its Web site at www.nursing-
homeaction.org.
Financing Nursing Home Care

Medicare generally doesn’t pay for long-term care. Medicare also doesn’t pay for help with activities of daily living or other care that most people can do themselves. Medicare will help pay for skilled nursing or home health care if you meet certain conditions. (See the Medicare Section for more information.) You should not rely on Medicare to pay for your long term care needs.

The S.C. Medicaid Program sponsors payment of long term care for people who reside in licensed and certified nursing facilities. The Medicaid Program also pays for special services for those people who participate in the home and community based waiver program. This program is for people who need nursing home care, but choose to stay at home rather than going to a nursing home. Generally a person must be age 65 or older, blind or totally and permanently disabled. Disability is determined by using Supplemental Security Income (SSI) guidelines. You must be screened and certified by the Community Long Term Care (CLTC) Program to determine level of care. For more information, contact your regional CLTC office.

Medicare Supplement Insurance is a private insurance that helps pay for some of the gaps in Medicare coverage, such as hospital deductibles and excess physicians’ charges above what Medicare approves. Medicare supplement policies do not cover long-term care cost. However, Medicare supplement policies—Plans D, G, I and J—will pay up to $1,600.00 per year for services to people recovering at home from an illness, injury or surgery.

A Continuing Care Retirement Community (CCRC) is a housing development that is planned, designed and operated to provide a full range of accommodations and services for older adults, including independent living, congregate housing and medical care. Residents may move from one level to another as their needs change. Financial arrangements usually include a substantial entrance fee plus monthly charges. For more information, contact the Department of Consumer Affairs.

Long Term Care Insurance

This type of insurance policy can help pay for many types of long-term care, including both skilled and non-skilled care. Neither Medicare nor Medicare supplemental insurance pay a significant portion of nursing home expenses; therefore, it may be necessary to determine if long term care insurance is an appropriate method of financing your long term care services. Many people with low incomes may not need long term care insurance if they do not have considerable assets.

Long-term care insurance coverage can vary widely. Some policies may cover only nursing home care. Others may include coverage for a whole range of services like care in an adult day care center, assisted living, medical equipment and formal and informal home care.

Long-term care insurance premiums vary, depending on your age and health status when you buy the long-term care insurance policy and how much coverage you want.
Additionally, you must be in generally good health to pass underwriting when purchasing a policy. For this reason, it may be better to buy long-term care insurance at a younger age when premiums are lower. If this is done, a periodic review is advised to make sure your policy covers your current and future long-term care needs. But you can buy long-term care insurance at any age. Talk about this with a family member, insurance agent or financial advisor to learn what is best for you.

You should not buy long-term care insurance if:

- you can’t afford the premiums,
- you have limited assets,
- your only source of income is a Social Security benefit or Supplemental Security Income (SSI),
- you often have trouble paying for utilities, food, medicine or other important needs
- or
- you are on Medicaid.

The cost of care, especially in nursing homes and assisted living facilities, varies from state to state. Make sure that the long-term care insurance policy you buy will cover the costs of care where you plan to use it.

Be extremely careful in choosing a policy. Consider:

- the type of facility the policy covers,
- the type of care the policy covers and
- the qualifications for benefits.

Before buying a long term care insurance policy, it would be wise to get a copy of “A Shopper’s Guide to Long Term Care Insurance” from the South Carolina Department of Insurance.

D. INSURANCE

Health Insurance

Often the first thing on the mind of any 60 year old is Medicare. At the time of this writing, Medicare has just rolled out its new Part D program for drug coverage. The first thing any new enrollee of Medicare should do is visit the Medicare Web site at https://www.medicare.gov. Here you can search for the most up to date plans, premiums, compare prescription coverage or search for Medicare acceptance providers. Or, contact the Lieutenant Governor's office as listed in Part Seven of this publication.

Medicare covers many but not all health costs. There are two basic parts of Original Medicare, Part A (Hospital Insurance) and Part B (Medical Insurance). Some newer additions to Medicare in 2006 are the new drug coverage (Part D) and a revamping of the ManagedCare Plans (Medicare Advantage), which resemble an HMO or PPO, which can include drug coverage in the premiums and not as an additional rider as with Original Medicare (Parts A & B). The ManagedCare Plans do offer some additional benefits and lower premiums than the Original Medicare.

For Original Medicare you can supplement your coverage to help cover the costs of
deductibles, co-insurance and co-pays by purchasing Medigap insurance from a private carrier. There are 10 standardized plans available labeled A–J (A being the least expensive and J being the most.) If you choose a ManagedCare Plan, you will not need a Medigap policy, as the plan’s benefits cover what the Medigap plan would cover over the original Medicare plans.

Whichever plan you choose (Original or Advantage), you will need to enroll in Medicare Parts A & B. Part A has no premium if you worked 40 or more quarters of Medicare-covered employment. Part B has a premium of $88.50 per month for 2006. If you have employer provided drug coverage you may not need to use the Part D. However, for any of the issues above, it NEVER hurts to ask questions and to use an afternoon researching the medicare.gov Web site.

**Life Insurance**

Most people buy life insurance either to provide financial protection for their dependents or as an investment. If you have policies you bought years ago or are thinking about starting another policy, there are some basic terms you should familiarize yourself with:

- **Term Insurance**: means that you have a certain amount of life insurance coverage for a specific period of time. There is no cash value for the policy and the coverage ends at the end of the term. For example, you may have a policy that insures your life until you reach age 65. At age 65 the policy terminates and you have no more coverage.

- **Whole-Life Insurance**: (also called straight-life or ordinary life): provides life insurance coverage for your entire life. There is a cash value that you may receive if you decide to terminate the policy. That value increases the longer the policy is in force. Typically, whole-life policies are more expensive than term insurance.

- **Cash Value**: means the amount of money you can get by terminating your policy. In other words, you can get an amount of money, usually much less than the face amount of the policy, by voluntarily stopping your coverage before your death. You must notify the insurance company immediately if you make this decision. Otherwise, if you just stop paying the premium, the company may continue your coverage by taking premiums out of your cash value as long as it lasts.

- **Face Value**: means the amount of coverage you now have. For example, if you are paying for a policy that has a face value of $5,000.00, your beneficiary will be paid $5,000.00 if you die while the policy is in force. Some policies provide additional coverage, such as double the face value, if you die from an accident.

**Type and Amount of Life Insurance**

In deciding what type of life insurance you may want, the basic choice is between a term insurance policy, which provides insurance protection only, and a cash-value (whole life) policy, which provides both a protection element and a savings element. Under term insurance policies, premiums are usually lower to start, but increase as time goes by. On the other hand, premiums for cash-value policies are much higher, but usually remain the same.
In deciding what type of life insurance you want, the first question is usually whether you need life insurance at all. Usually, as you get older, there is less need for life insurance. In calculating the amount of life insurance you need, you should take into consideration such factors as future financial needs, present assets, potential social security benefits and inflation. If you are single, you may need no life insurance at all. Your death may not bring financial hardship on anyone. Of course, you may want to benefit your friends and relatives who may have been supporting you for a period of time. However, the amount of benefit that would be given to them as a result of purchasing life insurance for their benefit might be outweighed by the amount of premiums that you would have to pay. If you are married, and have no children, or your children are grown, you may still not need any life insurance. In purchasing life insurance, the primary question to ask is how much money your dependents would need if you died tomorrow. If you have no dependents or your dependents get along without any financial assistance, you generally should not purchase any additional life insurance.

**Existing Life Insurance Policies**

What if you already have life insurance: Should you keep paying the premiums on the policy or should you stop? Should you purchase additional insurance?

First, you should check to see which type of policy you have, whether it is term or cash-value. In the case of term insurance policy, you might consider terminating the policy since the premiums will increase as you get older. The policy itself will terminate after the expiration of its term unless you decide to continue the policy in force by paying the premiums for the next term. On the other hand, in the case of the cash-value policy, since the premiums stay the same, perhaps you should maintain payment of premiums.

**Changing the Beneficiary**

If you would like to change the beneficiary of your policy, you should contact your life insurance agent or the life insurance company who sold you the policy to complete a change of beneficiary form. It is important that you go through the insurance company to change your beneficiary. If you have any questions about your current life insurance protection, you should contact the life insurance agent or the life insurance company that sold you the policy. It might be a good idea to check your policies to see that your designated beneficiary is still living, and, if so, is still the person you want to be the beneficiary under the policy.

**Insurance Hints**

Keep your insurance policies all together in a safe place.

Tell those close to you where your policies are kept.

Make a list of your insurance policies including policy number and names of companies. If the original policies get lost, you can get duplicates.
Keep all receipts when you pay your premiums. Also, make sure the agent marks your premiums receipt book correctly and in ink.

Do not sign an insurance application before you read it over and are sure all the information is correct.

Shop around. There are many different insurance policies for sale. Get the best coverage for your needs. Shop around to compare prices and benefits. Don’t be afraid to ask questions. You have a right to know what you are buying.

Try to meet your insurance needs with as few policies as possible.

The South Carolina Department of Insurance can assist you with insurance questions you might have.

E. REVERSE MORTGAGES

A Reverse Mortgage (RM) is a Housing and Urban Development (HUD) insured loan provided by a private lender that allows homeowners aged 62 or older to draw down the equity in their house to be used for any purpose, without any monthly payments, without affecting their Social Security or Medicare and without paying any income taxes on those monies. A RM is basically a lien.

A sliding scale (increasing with age) allows a percentage (never 100 percent) of equity to be converted to cash. The lien is satisfied at the death or the permanent moving of the second title holder. Unlike a standard mortgage where the closing costs of the loan are financed into the life of the loan, RM fees are bundled and lumped onto the back end of the lien at satisfaction.

An example: homeowners Dick and Jane are both 67 years old. Their house is valued at $100.00. Their age qualifies them for $60.00 of equity in their $100.00 house. The fees associated with this loan total five percent of the home value (or $5.00). This reduces their drawdown amount to $55.00. Dick and Jane use the $55.00 over their lifetimes to pay for taxes, insurance, credit card bills, etc. Dick and Jane at 80 are sick of the South Carolina heat and want to move to Minnesota. They find a buyer for their property (Joe Buyer). At the closing to sell the property, the closing attorney will note on the HUD1 Statement a line item of fees owed to HUD consisting of whatever of the $55.00 they used, plus the closing costs at the time ($5.00), plus the accrual of interest rates, servicing fees and mortgage insurance premiums (say, $10.00 in this case). That total is paid to HUD, and the excess is paid to Dick and Jane or their heirs if an estate was selling the home.

The drawbacks of a RM are that the fees may be deemed excessive if the homeowners do not plan to live in the house for a minimum of five years. You are also spending your childrens' inheritance. But the positives can be numerous, and it can allow the aged homeowner to remain independent at home receiving a value from their house that does not include income or credit worthiness. No money is paid until the property is transferred.

It is strongly suggested that you consult with a qualified attorney or estate planner before deciding to obtain a reverse mortgage.
PART TWO – RIGHTS AND PROTECTIONS

A. HOUSING

In today’s world of rapid movement and numerous job and career changes, it is more than likely that almost everyone will find themselves in a landlord-tenant relationship at some point. Knowing one’s rights and responsibilities in such a situation can make the difference in having a pleasurable experience and controlling one’s own destiny and having a miserable experience and forfeiting such control.

In discussing landlord-tenant relations, it is important to understand the meaning of certain terms you are likely to encounter.

**Landlord** – A person who owns land and allows it to be used by a tenant.

**Tenant** – The person who rents or leases the land or property.

**Rent** – The charge for the use of the land.

**Tenancy** – The period for which the land is rented. There are several different types of tenancies. A tenancy-at-will is one established without an oral or written agreement. A tenancy for a specific term, such as a month, is one established by either an oral or written agreement. A tenancy for years is a special type of tenancy for a term that is intended to last one year or more.

**Lease** – The oral or written agreement utilized to establish a landlord-tenant relationship. A lease is a form of contract whereby the landlord agrees to allow a tenant to use certain land for a certain price. A lease can be oral or written, except that a lease that is to run for more than one year must be in writing.

Leases that are expected to run for less than one year should be in writing so that there can be no question as to the respective rights and responsibilities of the landlord and tenant. Additionally, a tenant should keep receipts of rent payments, copies of lease agreements, records of damages and any correspondence with his or her landlord so as to be able to document the details of their relationship.

Insofar as the content of a lease is concerned, the parties in this state are generally free to impose any terms they wish as long as they don’t run afoul of the law. The language in leases and other contracts in this state is generally given full effect, and the parties are obligated to adhere to their terms no matter how onerous or burdensome they may be. Thus, if you ever enter into a written lease, you should read it very carefully and understand all its terms before signing it.

Under the current law, a rental agreement, oral or written, between a landlord and tenant governs the duties of each party. Even if you have reached an agreement, the South Carolina Residential Landlord Tenant Act (S.C. Code Ann. § 27-40-10) provides tenants with certain basic protections. Under this law, the landlord has a duty to comply with
housing and building codes materially affecting health and safety. The landlord also has a
duty to make essential repairs and to keep “common areas” or areas such as halls and
stairs reasonably safe.

The landlord has other duties also, including maintaining systems such as air condition-
ing, heating, plumbing and the upkeep of essential appliances.

These are several basic items which should be addressed in a lease:

**Rent** – The lease should clearly set forth the amount of rent, how it is to be paid, where it
is to be paid, when it is to be paid and where any late charges will be incurred if it is not
paid on time. If there is no written agreement as to rent, the provisions of the Landlord-
Tenant Act control, and rent will be for the fair market rental value of the property.

**Term** – The term of the lease, that is, how long it is to run, should be expressly set forth.
Also, the lease should provide whether it can be renewed and, if so, the procedures that
must be followed by both the landlord and tenant in doing so. Further, the lease should
contain a provision concerning the question of whether either the landlord or the tenant
may break the lease prior to its expiration and, if so, what procedures must be followed in
doing so. If your agreement is not in writing, the Act controls and your lease will be
deemed to be month-to-month unless you are a “roomer.”

**Deposits** – Tenants are often required to make deposits when entering into a lease agree-
ment. Under current law there is no limit or interest payment requirement on the deposit.
A deposit serves to protect the landlord for unpaid rent or damages caused by the tenant,
including damages caused by a tenant’s violation of the rental agreement. It is not for
wear and tear. Thirty days after the end of your tenancy or after you have vacated and
demanded your deposit, the landlord must send you your deposit and an itemized state-
ment showing what was deducted.

**Utilities** – The lease should provide which utilities are the responsibility of the landlord
and which are the responsibility of the tenant.

**Landlord’s Rights as to Leased Premises** – The lease should answer the question of
whether the landlord has the right to enter the premises during the period of the lease
and what control he or she can exercise over the leased premises during its term.

**Tenant’s Rights** – The lease should also provide what rights a tenant has to the use of
the premises including what rights a tenant has to keep pets, what rights a tenant has to
have other persons live in the leased premises and what rights, if any, a tenant has to
assign a sublease, that is, lease the apartment to another person during the term of his or
her original lease.

**Repairs** – Under current law, tenants have a limited right to repair essential services in
their units. Written notice of the need for repair must be sent to the landlord, and the
landlord must have 14 days notice before the tenant may make these repairs. Under some
circumstances, a tenant may withhold rent or buy alternate services and deduct the cost
from rent, but this action should not be taken without consulting a lawyer.
A tenant should try to avoid signing a form lease provided by a landlord that contains the following provisions:

- Landlord is not responsible for repairs.
- Tenant is responsible for repairs, even if the tenant is not at fault.
- Unreasonable right of landlord to enter leased premises.
- Acceleration of rent in event of tenant's breach of lease.
- Agreement to pay landlord's attorney's fees if tenant breaches the lease.
- Termination of lease for late payment of rent without notice and opportunity to pay.
- Waiver of the right to jury trial, service of process or other rights.
- Agreement accepting premises “as is,” particularly when tenant has not had opportunity to adequately inspect the premises.

Under current law, almost anything agreed upon can be included in a lease except provisions that are considered unconscionable, a waiver of rights and remedies under South Carolina law, a confession of judgment and a limitation of liability.

**Absence of a Lease**

If there is no lease, either oral or written, a landlord-tenant relationship is governed by the general law of this state. Such a situation can arise either when the parties fail to agree on a lease or when a tenant continues to stay in the leased premises after expiration of a valid lease.

In such a case, the tenant is generally considered a tenant-at-will. However, he or she may be considered a tenant for a certain term if the circumstances indicated that the parties intended that this would be the case. The term is considered to be month-to-month under current law. For example, if the parties had an ongoing relationship based upon a six month term, the court could imply a tenancy for a term of six months.

Under these circumstances, the terms of the act prevail and the tenant has the duty to comply with housing and building codes, keep his/her unit safe and clean, dispose of all waste sanitarially, keep plumbing fixtures clean, avoid destruction of property and avoid disturbing others. The landlord has the same general duties as previously discussed.

**Tenant’s Remedies**

Repairs: Under current law a tenant must give written notice specifying the areas that need repair. The landlord must be given 14 days to cure a problem affecting health and safety or the tenant may terminate. For other problems not affecting health and safety, the landlord must begin repairs in 14 days; however, he is allowed a reasonable time to complete these repairs if he is making them in good faith.
If the landlord negligently or willfully fails to provide essential services such as utilities, a tenant may procure a reasonable amount of required essential service and deduct the actual and reasonable cost from rent, or he may recover damages based on the reduced rental value plus attorney's fees.

Before exercising these rights, however, the tenant must notify the landlord in writing and allow him a reasonable opportunity to make repairs. Furthermore, the tenant must not have caused or permitted a guest or family member to cause the interruption of services. Doing repairs yourself and deducting the cost of repairs is not authorized.

**Manufactured Home Park Tenancy Act (S.C. Code Ann. § 27-47-10)**

**The purpose of the act is to:**

(1) provide for the rights and obligations of manufactured home owners and manufactured home park owners and clarify the law governing the renting or leasing of residential lots in a manufactured home park in which five or more lots are offered for rent or lease;

(2) encourage manufactured home park owners and manufactured home owners to maintain and improve the quality of housing.

**The act does not include:**

Rental space for vehicles primarily designed for temporary living quarters for recreational camping or travel use which has its own motor power or is mounted or drawn by another vehicle.

A manufactured home park in which less than five lots are offered for rent or lease.

Tenancies in which both a manufactured home and a manufactured lot are rented or leased by a resident.

**Rental Agreement**

An owner shall provide a written agreement containing the terms by which the space is leased, the duration of the lease and, if the agreement provides an option for renewal, the amount of rent to be paid during the option must be stated. In addition the rental agreement must specify:

(1) location and approximate size of the lot leased pursuant to the agreement;
(2) monthly rental rate;
(3) date payment is due;
(4) place of payment;
(5) personal property, services and facilities provided by the owner;
(6) regulations governing residency which, if violated, may be cause for eviction;
(7) statement of amounts to be paid by the resident including, but not limited to, security deposits, service fees and installation charges;
(8) improvements, if any, which the resident may make to the rental lot including landscaping;
(9) improvements, if any, required to be made by the resident;
(10) restrictions, if any, regarding pets, children, number of occupants and vehicle storage; and
(11) notice required to exercise option for renewal or to terminate tenancy.

**Park Owner’s Obligations**

An owner shall disclose his name and address or a person authorized to act as his agent for the purposes of service of process and receiving or receipting notices and demands. The information required to be furnished by this section must be kept current, and this section may be enforced against a successor owner.

When a tenancy is to continue beyond the original term, a resident must be given notice by the owner at least 30 days in advance of the effective date of a new rental rate.

The owner has the burden of proving a manufactured home located in the park is unsafe or unsanitary or fails to meet the park’s aesthetic standards. A resident must not be forced to make an aesthetic change to his home’s original design that would create undue financial hardship and that is contrary to the terms of the rental agreement during the term of the rental agreement.

The purchaser of a manufactured home may not become a resident of a manufactured home park without the approval of the owner. Approval by the owner must not be withheld unreasonably. The purchaser has the burden of proof as to whether approval or disapproval is unreasonable.

An owner shall provide access to the common areas of the park at reasonable times for the benefit of residents and their guests and maintain in proper working condition the utility connections and systems.

An owner is not the guarantor of the safety of residents or invitees but shall exercise due care to keep the portion of the premises under the owner’s control in a reasonably safe condition.

An owner shall take reasonable steps to maintain the cleanliness and appearance of the common areas of the park.

**Resident’s Obligations**

A resident shall:

(1) comply with the obligations of applicable provisions of the building, housing and health codes;
(2) keep his manufactured home lot clean;
(3) comply with regulations and the rental agreement and require other persons in the park with his consent to comply and conduct themselves in a manner that does not disturb other residents unreasonably or violate the rental agreement;
(4) keep his rent current; and
(5) give written notice to the owner whether he desires to continue the tenancy beyond the original term within 30 days of receiving notice of a new rental rate under Section 27-47-420.
B. CONSUMERISM

In this section we will discuss the rights and obligations of senior citizens who purchase goods and services as consumers. We'll include considerations prior to a purchase, the consumer’s rights if something goes wrong, the creditor's rights if the consumer defaults and several special problems.

Your best protection against fraud as a consumer is for you to be well-informed and a careful buyer. A smart consumer should be knowledgeable about his or her legal rights, be cautious of product exaggerations (or “puffing”) and unafraid to demand satisfaction for the price of his or her purchase.

This section is designed to help you become a more alert consumer and less likely to be taken advantage of by fast-talking sales people or misleading advertising.

An attempt is made in this section to provide you with general information that will assist you in consumer purchases, specific things you should know about particular types of purchases and a description of remedies at your disposal if something goes wrong with a purchase.

The consumer should learn all she can about a tradesman before doing business with him. The best way to learn about someone’s reputation is through friends, relatives or others in the community that have had dealings with the merchant. You can also request a report from the Better Business Bureau. Many regional offices of the Better Business Bureau maintain a Web site where you can obtain information regarding local merchants and businesses. For more information and links to local branches of the Better Business Bureau, visit www.bbb.org or call the regional office.

Credit Cards

Credit card buyers who pay for their goods or services within 30 days of their charges may avoid finance charges on those items (depending on the terms of the contract with their credit card company). If you have a bankcard, like Visa or Mastercard, the card issuer must include on its billing statements the name, address and phone number of its billing department.

May banks and credit card companies now offer “online banking” services that allow you to regularly check on your account(s) from your computer.

The “Fair Credit Billing Act” requires that bank and credit card lenders must acknowledge within 30 days any complaint that has been received unless the complaint has been resolved. Your complaint must be mailed out by you within 60 days after the first bill containing the error was mailed. Send your complaint via certified mail, return receipt requested, so that you can have a record of when the creditor received your complaint. In any event, the lender has to correct the error, if there is one, within the shorter of 60 days or two billing cycles after receiving your complaint. If the lender does not correct the mistake within the proper time period, the amount in question must be forfeited by the creditor.
People often worry what can happen if their credit cards are lost or stolen or used by an unauthorized person. You are only liable if somebody else uses your card if you have signed and accepted use of the card. In addition, you are only liable for $50, but if you have given notice of the loss of the card to the card issuer, you will only be liable for the amount charged prior to your notice (if it is under $50). You therefore have a possible liability of $50 per credit card if you have been given notice of such liability by the card issuer. You can avoid most liability by giving prompt notice of any loss or theft and regularly checking and reviewing your account statements when you get them in the mail.

Further, under the Equal Credit Opportunity Act (ECOA), it is against the law for a creditor to deny credit or terminate credit because of your age. More information regarding the ECOA is available from the Federal Trade Commission or online at www.ftc.gov.

**Truth in Lending**

A consideration in buying goods or services on time is the extra costs that are usually involved. Under the Federal Truth in Lending Act, the creditor must disclose the finance charge. This figure tells exactly the difference between the cash price and the cost of buying goods and services on credit. In addition, an interest figure called the annual percentage rate, or “APR,” must also be disclosed.

**Credit Discrimination**

No longer can a creditor discriminate against an applicant for credit by reason of sex, age, race, color, religion, national origin, marital status, retirement or public assistance income. Also, explanation must be given when credit is denied. The notice of refusal should be given within 30 days of rejection of the application, and the rejection must be accompanied with why the application was refused. Further, under the Equal Credit Opportunity Act (ECOA), each creditor shall promptly furnish an applicant, upon written request made within a reasonable period of time of the application, a copy of the appraisal report used in connection with the applicant’s application for a loan that is or would have been secured by a lien on residential real property.

Your credit account cannot be terminated for any of the following reasons: race, sex, marital status, age attained (provided the applicant has the capacity to contract) or retirement status.

However, it is not discrimination for purposes of the ECOA for a creditor to make an inquiry of marital status if such inquiry is for the purpose of ascertaining the creditor’s rights and remedies applicable to the particular extension of credit and not to discriminate in a determination of credit-worthiness or to make an inquiry of the applicant’s age or of whether the applicant’s income derives from any public assistance program if such inquiry is for the purpose of determining the amount and probable continuance of income levels, credit history, or other pertinent elements of credit-worthiness.

**Home as Collateral**

“If you’re considering applying for a personal loan and using your home to guarantee repayment, you should know that a federal credit law gives you three days to reconsider a signed
credit agreement and cancel the deal without penalty. Your “right to cancel” is guaranteed by the Truth in Lending Act. You can cancel for any reason, but only if you are using your principal residence—whether it is a condominium, mobile home or house boat—as collateral, not a vacation or second home.” For more information, visit www.ftc.gov.

**Sales and Loan Contracts**

Because of a special rule of law, a court will not usually except any oral testimony regarding promises, agreements or modifications made in relation to a written contract that is “outside” the terms of the written contract itself.

Therefore, if a seller makes a promise not contained in writing in the written agreement, make him or her put it in writing. If he or she refuses to do so, you run the risk that the supplemental terms of the contract will not be enforceable. Because of this rule, it is very important to read and understand a contract before you sign it.

Most installment contracts give the creditor the right to charge extra when a payment is late. Or, the creditor can refuse to accept the late payment and demand the entire balance. If you cannot pay, the seller can sue for the total amount owed on the contract. However, the creditor may not demand the entire balance until after he or she has sent a special letter called the “Consumer’s Notice of Right to Cure.” This notice allows you 20 days to catch up on all your late payments or “cure.” If you do not make the payment, or if you make the payment and fall behind later on during a predetermined period, the creditor can demand payment of the entire balance in full.

You get only one “Consumer’s Notice of Right to Cure” unless you are paying on a revolving charge or credit card account. Those accounts require one Notice of Right to Cure per year.

A judgment for default will usually include attorney’s fees and court costs in addition to the payment of the unpaid balance. For this reason, it is vital to make payments on time. If you must be late, make arrangements ahead of time. Call the seller before payment is due, and maintain contact with creditors and provide them with updated addresses and telephone information.

**Basic Contract Do’s and Don’ts**

**Do** insist that the salesperson allow you to take the contract home with you before you sign it.

**Don’t** deal with any salesman who refuses to let you take home a filled-in contract before you sign it.

**Do** show the contract to a friend that you trust, family member or a lawyer if there’s any question about some provision of the contract.

**Don’t** sign anything unless you have had time to read it carefully (or have it read to you) and you fully understand what it says.
**Do** insist that all terms, promises, guarantees and warranties be put in writing as a part of the contract.

**Don’t** sign a contract with blank spaces that are to be filled in later by the salesperson.

**Do** keep copies of all contracts, payment records and complaint letters in a safe place.

**Door to Door Sales**

The first thing you should remember about door to door salesmen is that you do not have to talk to them. If you do not want to buy anything, all have to do is ask the salesman to leave.

A South Carolina law allows you three days to cancel a home solicitation sale, and a Federal Trade Commission (FTC) rule allows you three days to cancel a cash purchase of $25.00 or more.

If you do decide to cancel the sale or rescind the contract, you must do so by sending written notice to the company or business before midnight of the third business day after the date of the transaction. Keep a copy for your records.

South Carolina law sets forth a specific form for sending your notice to cancel. The FTC rule involves a Notice of Cancellation that the sales person is required to give to you, along with copies of the receipt or sales contract.

Once the merchant receives the notice or letter of cancellation, he has 10 days to refund any money that he has received, return any documents that you may have signed, return any goods or property that you’ve traded in and inform you that he will pick up or let you keep any items that were left with you. Products left with you must be available to the seller in the same condition as you received them. It is not your responsibility to ship the items back to the seller or pay postage expenses for such shipping. The seller must pay the return postage expenses.

**Complaints**

Complaints are most effective when they are accompanied by receipts, contracts and other documentation that helps to explain your case. If you are contacting the store or business by mail, send your complaint letter by registered or certified mail, and keep a copy for your records. Never send originals of any receipt, contract or documentation—send copies. If you are making your complaint in person, try to remain calm, but be firm and make sure that what you are told makes sense to you.

When a direct complaint to the store or business does not satisfactorily resolve your problem, contact the Better Business Bureau or the Department of Consumer Affairs.

If you are dissatisfied with a product or service, the first thing you should do is to notify the company, in writing, of your complaints. If they do not satisfy your complaint, you may want to contact a lawyer. Do not assume you can stop paying just because you are dissatisfied. Get the advice of a lawyer first. An attorney may be able to get you out of a bad bargain.
Dealing with a Lawyer

Unfortunately, many older persons are afraid to consult with a lawyer when they think they might have a legal problem. Many fear that the lawyer’s fees will be too high or that the lawyer will be intimidating. Frequently older individuals do not know a lawyer and are unaware of any means of initiating contact with a lawyer. If you recognize some of these worries as your own, you should know that many of them are myths and that good legal advice should and can be obtained for a reasonable fee.

First, if you do not know a lawyer, the South Carolina Bar has referral lists from which it can refer you for competent representation. Second, you might check to see if you are eligible for free legal services. This will probably be true only if your income and assets are minimal. If you do not qualify for legal aid, you might qualify for other legal assistance at a minimal cost and should check with your local bar association to see if such assistance does exist in your city or county.

If you already are aware of a lawyer you wish to consult, or if you have the names of several lawyers, you should not be afraid to make a phone call to learn whether there will be a charge for an initial conference. Many lawyers may charge a reduced fee for the first conference or that conference might be free of charge. During the initial visit with the lawyer, be sure to inquire what his or her charges will be and ask to have those charges formalized in a written agreement if you agree to engage his services. All parties should sign such an agreement, and you should be given a copy. Whenever you visit with your lawyer do not be afraid to ask questions—you deserve to have answers to your questions.

If you have a case that might generate a money recovery, you might ask the lawyer if he is going to take it on a contingency basis. That means that the lawyer will take a percentage of the recovery if there is one, but will receive no fee if you are not successful. If you have no money to pay hourly legal fees, a contingency arrangement can frequently be desirable. Note, however, that a lawyer is generally not allowed to accept a contingency fee for representing you in a domestic matter.

You should also be aware that certain consumer laws provide that the business may have to pay the attorney fees of the consumer who wins. If pursuing such a claim, it is wise to inquire of the possibility.

When debating the value of paying a lawyer to prepare a will (or a similar document), keep in mind the relative cost of preparing the will with the probate expense that could arise after your death if your will has not been properly prepared. Ask your lawyer if your bill might be paid in installments.

In any event, lawyers should not be feared, but should be viewed as individuals who can help you with your problems or concerns and help you achieve all the rights to which you are entitled.
**Breach of Warranty**

There are generally two sorts of warranties, those in a written contract and those given to you automatically by law (“implied warranties”). Federal law requires simple and easily understood explanations of most written warranties, including any special conditions that will be imposed, and whether the warranty is full or limited.

Some goods carry no warranty at all. However, in order for the seller to remove the automatic or “implied” warranties, he or she must disclose this fact conspicuously on the contract in bold, clear language. In any warranty situation, assume that the written contract controls, no matter what promises the seller may have made to you verbally.

If the seller wrongfully fails to honor a warranty, the buyer may sue for damages or, in some cases, even cancel the contract and get his or her money back. If cancellation is not possible, damages will usually be figured by subtracting the actual value of the goods from the warranty value and offsetting this amount against the balance still owed to the seller.

**Creditor and Debtor Rights**

If someone obtains a judgment against you or if you obtain a judgment against someone else, it is important to know how the judgment can be collected. There are certain things that can be reached by a creditor who obtains a judgment, and there are other things that cannot be reached.

Once a judgment has been obtained and becomes part of the circuit court records, a lien may be placed by the creditor against all real estate owned by the debtor.

Some personal property may also be vulnerable to collection.

However, some items are exempt from collection. Consultation with an attorney who specializes in debtor/creditor law or bankruptcy is recommended in order to protect your property. They will be able to tell you which items are subject to collection.

**Bad Credit Ratings**

If you learn that your credit has been damaged, you are authorized under the Fair Credit Reporting Act to request an accurate report from the credit reporting agency showing any information transmitted about your credit standing. If you challenge the information, the agency must re-investigate and, if it is not resolved, you may file a protest that will remain in the report. If the agency does not comply, you may be entitled to damages, attorney’s fees and costs.

Under the Fair Credit Reporting Act you are entitled to one free copy of your credit report per year from the three major credit reporting agencies. You can obtain your free annual credit report online at www.annualcreditreport.com.

**Collection Tactics**

Collection agencies and credit departments often use forceful methods to collect debts.
They may try to embarrass you at your place of employment or in your neighborhood. They may threaten to do things they cannot really do. They may also try to make a person without assets pay even though they know the person cannot legally be forced to pay.

Reasonable collection practices are legal. However, if the agency makes unreasonable threats, uses harassment to an extreme or engages in libel or slander, the agency is breaking the law. In such cases consult an attorney or file a complaint with the Department of Consumer Affairs.

Additionally, debt collectors should not contact you at unreasonable hours. Telephone calls are limited to the hours of between 8:00 A.M. and 9:00 P.M. unless you agree otherwise.

C. BANKRUPTCY AND DEBT ADJUSTMENT

If a consumer has too many outstanding debts to manage, the consumer might consider bankruptcy. There are two choices for consumers: Chapter 7 (liquidation) and Chapter 13 (debt adjustment). Congress has recently made both choices much more difficult for consumers: you should consult with a bankruptcy specialist before considering either option, as there are many provisions that could prevent your obtaining bankruptcy protection. In both chapters, before you can file, you will have to complete a credit counseling course, and before you receive your discharge (that is, before your debts are erased), you will have to take a full course on credit management.

Filing for Chapter 7 liquidation requires that the debtor pass a “means test” showing that you cannot afford to go into a Chapter 13. If you qualify for Chapter 7, this will cancel most consumer debts (although it will not erase tax debts nor debts due to a divorce, including alimony and child support). Of course, in a Chapter 7, all exemptions previously described are applicable. Chapter 7 will not cancel most liens, such as mortgages on your house or car.

A Chapter 13 debt adjustment allows the consumer to keep part of his or her income—the portion that Congress has determined is realistic—and dedicate all surplus income the consumer earns during the life of the Chapter 13 Plan to repay his or her creditors for a period of up to 60 months. In a Chapter 13, the consumer can “cure” (catch up overdue) mortgage payments. The surplus payments are the total that non-mortgage creditors will receive—whether it is 10 percent or 100 percent. While under a Chapter 13 plan, the consumer’s property cannot be attached without permission of the bankruptcy judge.

D. SPECIAL CONSUMER ISSUES

Drugs

South Carolina has a generic drug law that allows for substitution, in most circumstances, of the generic equivalent of a prescription drug for the name brand of that drug, if it is available. (S.C. Code Ann. § 39-24-10, et seq.)
Utilities

Elderly and handicapped people on fixed incomes are often the least able to afford rate increases and hefty utility charges.

Under South Carolina law, no utility, electric cooperative or municipality may interrupt service to any residential customer for non-payment of a bill until 25 days from the billing date have elapsed.

Further, during certain months of the year or extreme weather, residential utilities cannot be disconnected if the consumer can show inability to pay his or her bill(s) and disconnection of the utility would be dangerous to his or her health.

Home Repair or Improvement

Some con-artists are in the “business” of home repair or improvement. It is important for you to know the reputation of any contractor with whom you deal. Be particularly wary of repairmen who go door-to-door offering services that don’t seem necessary or “too good to be true.”

If a repairman fails to do the necessary work, it is difficult to recover damages. You may have to hire a second contractor to make an estimate and testify in court. Depending on the amount of money and damages in controversy, you may have to seek relief in magistrate’s court.

Also, if the contractor you hired has not paid for labor and materials used on your house, the laborers or suppliers may be able to obtain a lien against your property. You might end up paying double for the same work.

One of your best protections is to know with whom you are dealing. Before signing the contract, you might want to check to see if the contractor is licensed in South Carolina (www.contractors-license.org) or if complaints have been made against the contractor with the Better Business Bureau. Also, don’t be afraid to ask for referrals.

Whenever it is necessary for you to hire someone to do work on your home, get multiple estimates and shop around. Don’t feel obligated to sign a contract where you have specifically agreed that the contractor would provide you with an estimate before beginning work.

Hearing Aids

Too often, elderly consumers do not go to a doctor or a trained audiologist but go instead to a hearing aid sales center. Dealers in hearing aids often provide free hearing tests to attract customers. Naturally, consumers like to save on doctor’s fees. Perhaps you can, but the loss might be greater. You should always have a medical examination before investing in a hearing aid.

Federal regulations and the Food and Drug Administration govern the hearing aid industry to help protect against unscrupulous salespersons. These rules require a physician’s
statement that the device may help and a medical evaluation, less than six months prior to the sale, before a hearing aid is sold. Furthermore, each hearing aid must have a detailed brochure that tells what the device does, how it works and how it is to be used. This brochure must be provided by the manufacturer and given to the customer. It is prohibited to use high pressure home solicitation, make unexpected calls or utilize any misleading or unfair practices in the sale of hearing aids.

The federal government has set forth specific guidelines for determining misleading or unfair practices, and violation of these guidelines can result in severe penalties. In most cases, the hearing aid can be refused and the contract cancelled up to 30 days after receipt of the hearing aid if you are not satisfied.

In addition to these remedies, a number of other rights and remedies exist to combat the unscrupulous hearing aid salesperson. Such remedies include laws governing home solicitation, false advertising, consumer fraud, uniform deceptive trade practices, consumer credit and sales warranties.

**Prepaid Funerals**

To make things easier for relatives, some persons purchase pre-paid funeral plans. It is important to know whether you are buying a service or insurance.

For example, a person picks out the type of funeral wanted—a certain kind of casket, service, marker and so on. After services are bought, the extras are provided at no additional cost if the plan has been fully paid for at time of death.

The real problem arises when you pick out a plan today (which costs $1,000) and pay insurance premiums toward that amount. By the time of death, the price of the same service may have doubled. This puts your relatives in a difficult spot. A funeral director may pressure them to follow the deceased’s wishes to have a particular service. To do so could cost an extra $1,000. The funeral director might play on their guilt and grief. ("All we have for $1,000 is our welfare casket.")

Pre-payment to a funeral home can create more problems than it solves. What if you move or change your plans and they won’t return your money? If you want to set aside funds to cover funeral costs, a third-party trust or special bank account can be a safer way to go.

Although pre-paying is not recommended, pre-planning is. To obtain help with planning, you might wish to turn to a memorial society, which is a non-profit association set up to obtain dignity, simplicity and economy in funeral practices.

**FTC Funeral Rule**

The Federal Trade Commission has developed a trade regulation rule that concerns the funeral industry. It is called the funeral rule and is intended to enable consumers to obtain information about funeral arrangements.
In general, the rule provides for the following consumer rights:

- You have the right to choose the funeral goods and services you want (with some exceptions).
- The funeral provider must state this right in writing on the general price list.
- If state or local law requires you to buy any particular item, the funeral provider must disclose it on the price list, with a reference to the specific law.
- The funeral provider may not refuse, or charge a fee, to handle a casket you bought elsewhere.
- A funeral provider that offers cremations must make alternative containers available.

**Fraud or Deception**

If something seems too good to be true, it probably is. Bargains are limited, and anything better than a bargain is practically non-existent. The best way to avoid being fleeced is to spot an illegal scheme or deception before you become a victim. And as always, the best protection you have against rip-off schemes is your own knowledge. Here are some of the prevalent frauds, schemes, rip-offs and con games that are used to defraud the public of billions of dollars each year. As with many business transactions, a good source for checking on any history of past complaints against businesses or sales agents is the Better Business Bureau.

*Dance instruction frauds* do not usually involve the dance lessons themselves and are often taught by well-qualified instructors. However, some studio personnel use unethical high-pressure salesmanship and questionable selling techniques to entice the unwary. These include bogus contests, fanciful testimonials and sales techniques in which teams of salespersons work in relays to batter down sales resistance.

*Death vultures fraud* is possibly one of the lowest forms of all con games. People visit close members of a bereaved family and attempt to raise sums of money for items they maintain were purchased by the deceased before death. Sometimes they render bills when nothing is owed or claim partial payment has been made by the deceased and attempt to collect the alleged balance.

*Investment rip-offs* are prevalent at inflationary times when gold, silver, diamonds and other precious metals and stones seem to offer investment stability. But if you are offered diamonds or precious stones by mail or phone, you are more likely to get cheap gemstones that have little or no resale value. Reputable diamond dealers may advertise, but they seldom, if ever, sell valuable stones by mail. Don’t buy if the dealer won’t allow you to get an appraisal from another source first. Gold requires careful analysis. Buy gold only from legitimate dealers and only if you are really knowledgeable about gold investments. There are also phony land and oil lease investment schemes that promise you great wealth very quickly. Never ignore the normal safeguards used by business people in checking out investment opportunities.

*Pest control fraud* is prevalent in the South where you have more problems with insects. This con-game usually takes the form of a termite inspector who appears and informs you that termites have infested your home, but if you contract for his or her services today, you will receive a discount. Always avoid such pressures. It is extremely doubtful that your house will start tumbling down around your ears that very day. Besides not applying
pesticides properly, the pest control con-man may not use a recognized or effective pesticide. As a matter of fact, he or she may apply nothing but some chemically smelling liquid. Don’t deal with door-to-door pest control operators. If you need their services, check the Yellow Pages, then call them and ask for an estimate based on your needs.

The “pigeon-drop” is a con or fraud that is designed to rob people—particularly elderly persons—of their savings. Usually a pleasant, “nice” person introduces himself or herself and informs the victim that he or she has recently found “a large sum of money.” This person wants to give some of the money away to a “deserving and honest” person because he or she and his or her spouse “do not need all of it.” The victims are told that proof of their “good faith” is needed before they can get the money. This “proof” that the “nice” person wants is cash, called “good faith” money. An amount is agreed upon, and the victim obtains it and delivers it to the “nice” person. What follows is either (1) an exchange for a box that supposedly contains the large amount of money the “nice” person is giving away or (2) a robbery when the victim gives his or her money to the thief and expects to receive his or her windfall “later or tomorrow,” but doesn’t. These con sometimes sound believable, but they never are. When in doubt, call the police or the Better Business Bureau to see if people are using a similar scheme to victimize others in the community.

Envelope stuffing fraud usually begins with an ad in the Business Opportunities section of a newspaper or magazine. The headline usually jumps out at you. “We’ll pay you 25 cents for each envelop you stuff and return to us” or for the reader to “Earn $250.00 for stuffing 1,000 envelopes.” Such advertisements are deceptive and misleading and should be ignored by consumers. Envelope stuffing schemes are essentially like pyramid schemes or chain letters.

Franchise frauds come in a vast array of guises. There are many franchise operations that can give a person the independence of owning a small business plus the advantage or help from an experienced company. The advertising literature for some franchises make their offers irresistible through promises of “high” profits from small investments and other misrepresentation. Approach franchise opportunities with extreme caution and investigate thoroughly before you invest.

Deceptive Sales Practices

Beware of merchants or salespersons who use high-pressure tactics or unusual ploys. Hundreds of variations of such tactics or gimmicks are used, but some of the most common are:

Bait and switch. A store may advertise a special low price. When the consumer asks about that item, the salesperson will try to switch the consumer’s attention to a more expensive article.

High pressure tactics. A salesman will forcefully try to pressure you into buying something. The salesman is trained to make the deal sound irresistible, and you might well buy something without thinking the matter through. In such a situation, you should insist on a delay. Take time to get the opinion of a friend or relative in order to gain time to “cool off” and consider the purchase more carefully. If the salesman is legitimate and believes in his or her product, he or she will not object to a delay. If he or she persists strongly, back off. Don’t be a sucker.
Referral sales. These schemes operate by promising you a fee for each new customer referred to the seller. In theory, if you send the store enough business, the item you want to buy is practically free. In reality the process is much like a chain letter. All prospective customers meeting the seller’s requirements are soon used up, leaving most customers to pay the full price. In addition, goods are usually marked up, so you gain little or nothing from any discounts you receive. This kind of scheme is now illegal in South Carolina. But if you should get drawn in by a similar flim-flam, see an attorney or report this matter to the Department of Consumer Affairs.

Most of the practices described under the Fraud or Deception Section are crimes. Other crimes you should watch out for, and some things you can do to help protect yourself from them, are described in the section entitled “Protection from Crime.”

Unsolicited Consumer Telephone Calls

There is something you can do about unwanted telephone calls made to you for purposes of selling you something. Live telephone solicitors must identify themselves, their business and the object of the call and, within 30 seconds after beginning the conversation, state the purpose of the call and allow you the opportunity to respond. If you say you are not interested, the solicitor must discontinue the call and remove your name and telephone number from the list if you ask not to be called again. Live telephone solicitation calls may not be made after 9:00 p.m. or before 8:00 a.m. and must disclose the cost of merchandise or method of estimation; payment plan; and extra or special charges like shipping, handling and taxes. You should contact the Department of Consumer Affairs if you have any complaints about the violation of this law. The department can impose a monetary penalty and injunctive relief against the telephone solicitor, if necessary. Violation of this law can also be prosecuted as a crime.

National Do Not Call Registry

The FCC has also established a national Do Not Call Registry. Once your residential or cellular telephone number has been listed on the registry for 30 days, telemarketers are prohibited from calling that number. You can report any violations directly to the FCC. To register for the national Do Not Call Registry, go to www.donotcall.gov or call 1 (888) 382-1222.

E. PROTECTION FROM CRIME

Robbery and Assault

Do not carry large sums of money. Credit cards and checks can be replaced. Currency cannot be replaced.

Do not discuss your financial affairs in public or around strangers. Letting the wrong person hear where you bank, when and where you cash your check, and similar information could set you up for a robbery.

Do not flash large bills or large amounts of money when you pay for things when shopping.
Do not hide a door key under the doormat, behind the shutter or in a mailbox. If you need an extra key, leave it with a trusted neighbor.

Be sure to lock your doors when you’re home as well as when you leave. Install a peephole in your door and check the identity of all callers, including repairmen, deliverymen or salespersons. Don’t let strangers in to use the phone. Offer to make the call for them.

If you must go out at night, tell a friend where you are going, what route you will take and when you plan to be back.

Take a taxicab at night rather than walk. Ask the driver to wait until you are safely inside.

Stay away from dark, out-of-the-way places at night. Avoid lonely and deserted places even during the day.

Attempt to be with another person when you walk. If you must walk alone, a dog is a good companion.

When walking at night, take the most direct route and stay in lighted and well-traveled areas as much as possible. Avoid walking by doorways, shrubbery and other dark places where someone might hide.

If you think you are being followed, don’t necessarily go directly home. Head toward the closest well-lighted area and try to find a store or gas station that is open.

Always act as if you know where you are going or that you are meeting someone.

Carry a whistle. When you are walking home, to work or to your car, have your keys and whistle in hand so you can get inside quickly if necessary.

Avoid empty Laundromats, bus stations and taxi stands at night. When you call a taxicab, wait inside until it arrives.

Keep a firm hold on your purse, especially in crowds. Do not leave it lying somewhere while you shop. If you go to a dressing room to try on clothes, take your purse with you. Keep your wallet in your inside coat pocket rather than a back pants pocket if possible.

Keep credit card numbers written down at home in case your purse is snatched.

Women in public places should notice whom they sit beside and should not get into a self-service elevator at night with a stranger.

When riding a bus, watch to see if anyone is staring at you, and pay attention to whether or not that person follows you off the bus.

Women should keep the shades pulled at night and while undressing.

Do not advertise that you are alone.
Do not list your first name in the phone book or on a mailbox.

Don’t give out information over the phone to strangers. Don’t give your name or addresses to strange callers, and never tell anyone you’re home alone.

If your automobile becomes disabled while you are driving, put your hood up, turn on the flashers and tie a cloth to the antenna. Then get in the car, roll up the windows (as long as it does not get too hot inside the car) and lock the doors. When someone stops, only roll your window down enough to ask them to phone for help.

Always lock your doors when driving or riding in a car and when you leave your car, even for short periods. Put parcels in the trunk. Do not leave them in plain view inside the car where they will encourage theft.

Check the back seat and floorboard before getting into your car. Never pick up hitchhikers.

At stop signs and lights, keep the car in gear and stay alert.

Park in safe, well lighted areas near your destination.

In the event of a holdup, don’t resist, especially if the person has a weapon. Robbers must be considered dangerous. If a purse is snatched, let it go. Duplicate identification is easy to obtain.

**Rape**

Sexual assaults can happen to anyone, anytime, anywhere and at any age. Statistics show that most rapes are committed not by strangers but by acquaintances of the victim. Most rapes occur at the victim’s home.

If you are sexually assaulted:

Report the crime to the police or sheriff.

Go to the hospital or the doctor’s office, even if you are not physically hurt. You need protection against venereal disease.

Do not change clothes, clean up or bathe before you report the crime or before you go to the hospital. Your clothes and body may contain evidence of the rapist’s identity.

Rapists are repeaters. If you do not report the crime, the rapist may hurt someone else. Telling the police what happened to you does not necessarily mean that you will have to testify in court.

Get help from your family, clergy, friends or a rape crisis center. You will need emotional support.
Auto Theft

Never leave your keys in an unattended car, even while running a quick errand, and always lock your car.

Potential car thieves often note identification numbers printed on ignition keys and can obtain duplicated keys through car dealers by presenting the key number and posing as the car’s owner. Car dealers or locksmiths can punch out these numbers from your keys, eliminating the problem. Before having this done, however, record the numbers in a safe place in case you need duplicates.

Never attach a tag with your name and address to a key ring. If the keys are lost or stolen, the tag will lead the thief directly to your car—and your home. Only leave the ignition key with a parking attendant. A dishonest parking lot attendant may have house keys duplicated and sell them, along with your name and address, for a tidy profit.

Avoid leaving an automobile unattended in a public parking lot for an extended period of time. A car is five times more likely to be stolen from an unattended lot than from the street or an attended lot.

At night, park in well-lighted areas with pedestrian traffic. Auto thieves don’t like working in spots where they are clearly visible.

Whenever possible, turn wheels sharply toward the curb when parking, making it extra difficult for thieves to tow your car.

Lock all doors and roll up windows whenever leaving the car unattended. Be sure vent windows, a favorite means of entry for car thieves, are shut tight.

When you park the car, remove your CDs, tape deck or other valuable possessions from the car. These items tempt thieves and should be locked in the trunk. If possible, also remove the CB antenna and stow it in the trunk.

With an electric engraver, etch your social security number or operator’s license number on CBs, tape decks, CD players and similar items. Consider engraving the same number in several places under the hood, on car doors, trunk lid or other conspicuous places so that a positive identification can be made of your vehicle if it is recovered after theft.

Record your vehicle identification number (located on a small metal plate on the dash-board) and store it in a safe place.

Never leave the automobile registration or your driver’s license inside the car. Carry these items in your wallet. If you don’t, thieves will be able to produce legitimate documents when stopped by the police.

Consider the purchase and installation of security devices such as interior hood lock and release; a second ignition switch or “kill switch” which prevents electrical current from reaching the coil or distributor; a fuel switch which prevents fuel from reaching the engine; a locking gas cap; or an alarm device that will activate a siren, horn or lights—or
all three—to frighten the thief away before he is able to steal your car.

**Burglary:**

Install lights at all entry points to eliminate dark areas in which burglars can work unnoticed.

Trim trees and bushes so your doors and windows can be observed by neighbors and police patrols.

Equip your doors with one-inch throw deadbolt locks.

Lock your doors whenever you leave the house—even if you will only be gone a few minutes.

Lock your windows with key-operated auxiliary locks. You can also, and less expensively, “pin” your windows shut by drilling through the sash into the frame and inserting nails in the holes.

Patio doors should be secured with a strip of wood placed in the bottom track (to prevent sliding) and screws placed in the top track (to prevent the door from being lifted out).

Use large, visible house numbers so that police can quickly locate your house in an emergency.

If you are going on vacation, make sure your home has a lived-in look. Buy several electric timers to turn lights and a radio on and off in your home, following the same pattern as you would if you were at home.

Stop all newspapers, mail and other deliveries so they don’t pile up on your doorstep and tip off burglars to your absence. In the summer, if you are going on an extended vacation, ask a neighbor to mow your lawn, and in the winter, ask your neighbor to shovel your walk in case of snowfall.

Be a good neighbor in return. Watch your neighbor’s house for any suspicious activity. If suspicious activity occurs, call the police. If your neighbor is home, be sure to call him also.

Don’t keep excess cash or jewelry or other gold and silver items around your home. These items belong in a safe deposit box.

Turn on some lights when you are away. A dark home is an invitation to burglars. Try to leave lights on in the kitchen and living room because these are the two most used rooms at night. However, you should not leave the same lights on every time you are out. When away for a long time, notify the police.

Keep all doors and windows in good repair. Many home burglaries occur because the burglar was able to enter through already broken doors and windows. A police officer passing by may notice something wrong when he or she sees a damaged door or window and
knows that your property is usually well kept.

Keep emergency numbers near your telephone.

Notice all cars, trucks and vans that you have never seen in your neighborhood. Write down their license numbers or think about how to describe them.

Record all serial numbers of your appliances, motor vehicles, televisions, cameras and so on. Keep this record in a safe place, and keep a copy of it somewhere away from your home.

Engrave your possessions with your driver's license number or social security number. Take a written inventory. This will make it harder for the thief to sell your property.

Ask your local law enforcement department about Operation Identification. They will provide you with an identifying number to engrave on all valuables that you do keep at home, making it easier to trace in case they are stolen. Place stickers on your window, alerting potential thieves that you participate in Operation Identification. This may serve as a deterrent.

Photograph your jewelry, silver, antique and art objects. Keep these photos in a safe place.

An empty garage is a dead giveaway. Keep garage doors closed and locked.

Light the outside of your house well.

Keep a dog. A barking dog is still an effective burglar alarm.

If you are robbed, check immediately with all coin and metal buyers and pawn shops in your community in the hopes that they can identify your property.

Where it isn't cost prohibitive, an alarm should be the silent type that is directly connected to a law enforcement office.

In isolated areas, use the type of alarm that makes a loud noise.

**Neighborhood Protection**

The following information describes a more or less formal program that has proved to be highly effective. However, many of these ideas can be adopted even if a formal Neighborhood Watch program doesn't come about.

Looking out for your neighbor's house while they look out for yours is a good way to help protect your neighborhood.

The Neighborhood Watch program is designed to make you and your neighbors aware of what you can do together to make your homes safer.

To start a successful Neighborhood Watch, talk with your neighbors and exchange information. Be familiar with every member of their family and the cars they drive. Then you
can easily spot strangers or suspicious activities around their house. They will do the same for you.

Get to know your neighbors and become familiar with their routines. You’re going to become partners in watching the activities on your block.

Be suspicious. Report unusual or suspicious behavior to the police. Write down descriptions of the person(s) and license numbers of any vehicles involved.

Establish a meeting time and place convenient to all neighbors.

Draw a diagram appropriate for your neighborhood. Each neighboring house depicted should contain the house number, occupant names and home and work telephone numbers. The emergency number of your police or sheriff’s department should be placed prominently on the diagram.

Keep a trusted neighbor informed if your house will be unoccupied for an extended period. It’s important to leave him or her a way of reaching you if an emergency should arise.

**Credit Card Protection**

Here are some ways to minimize the risk of becoming a credit card scam victim:

Rip out the carbon paper along with your receipt. Throw it away at home, not in a public trash can.

When possible, watch the clerk to ensure that extra impressions of your card aren’t made.

Reconcile your monthly bill with receipts to guard against phony charges.

Don’t reveal your card number over the phone to an unfamiliar person. A common ploy is for the caller to say he or she is taking a survey, representing the credit card company or retail store.

When you charge an item, make sure no one is nearby, memorizing or jotting down your number.

When your card is returned, check that it hasn’t been switched.

Tear up receipts and expired cards before discarding them. They contain your name and number.

**Other Tips**

**Operation Identification**

It has already been suggested that you mark your valuables with your social security number or something similar. For added security you can obtain an individual identification
number composed of 10 characters by contacting your local city police department or sheriff. They will assign you a number and enter it in their files. It tells the date and county in which you live, your assigned number and the first letter of your last name. Law enforcement officers will recommend good locations for the number. Engraving or hiding your number on your valuables enables law enforcement officials anywhere in the United States to prove theft and trace stolen items back to their rightful owner.

**Conduct a Security Survey**

Your local law enforcement officer may be able to help you conduct a home security survey.

In addition to the tips provided in the above sections on protection against robbery and burglary, you will want to check the following:

- Are any openings to your home (sky-light, crawlspaces or vents) unprotected?
- Does the basement door have extra protection, such as a padlock?
- Does the garage door lock?
- Does the garage entrance to your home have a deadbolt lock (with a minimum one-inch throw)?
- Are all exterior doors (including the garage) strong enough to withstand excessive force?
- Are sliding doors and windows secure against forced lock and/or lifting out of their frames?
- Are hinges pinned to prevent removal?
- Is there a peephole viewer (180 degrees) on the main entrance door?
- Are double-hung windows secured with a pin or extra lock to discourage jimmying?
- Are panes in louver windows well-fastened to the metal retainers? Are they reinforced with metal screening or grating on the inside?
- Do the basement window latches work properly, without excess play?

It is also a good idea to establish a security closet inside your house for storing valuables. The closet door should be as secure as your exterior door, with a deadbolt lock and pinned hinges on a solid wood door.

**Senior Citizens Call-In Program**

Many local sheriff’s offices and city police have a crime prevention unit. As part of their services, a senior citizens call-in program may be offered to people in the community. This program may require you to call in to your local law enforcement center by a certain
hour to ensure that you are all right. Some units now have the capability to initiate calls so they can call you at home, pass on information and record replies to inquiries you may have. Contact your local sheriff’s office or city police office for more information.

**Reporting Crime**

Report crime by calling the police or sheriff in your community as soon as possible. You may dial 911, or you should have the number posted conspicuously by your phone. If you cannot find the number in your telephone directory, call information or the operator. If you don't have a phone, use a friend’s or have someone take you to the police station.

When you are reporting a crime, you will be asked your name, where you are calling from, what crime you are reporting, where it happened, how may people were involved and what the people committing the crime looked like. Try to remember everything you can about the crime and the criminal’s appearance and describe it to the police.

**Victim’s Rights**

As a victim of a crime you have certain legal rights.

If you receive physical threats or are harmed in any way in connection with your case, notify your local law enforcement.

Victims have a right to be informed concerning the criminal justice process. If your incident results in prosecution, the Solicitor’s Office will inform you as to procedures and court policies.

Victims who suffer physical injury during the commission of a crime may be eligible for compensation in some cases. To be eligible, the crime must have been reported to the proper authorities within 48 hours of the occurrence. Contact the South Carolina Crime Victims Compensation Board for more information.

**Domestic Abuse**

South Carolina’s Protection from Domestic Abuse Act is a set of laws that protects people from physical harm, threats of harm or criminal sexual conduct. These laws protect the following people: wives, husbands, non-married parents that have children together, former spouses, boyfriends or girlfriends that live together now or have lived together in the past.

The family court and magistrate’s court can help by providing an order of protection or a restraining order. These orders are designed to help protect you from being hit, threatened, harassed or stalked by another person.

**An order of protection** is an order issued by the family court. An order of protection can temporarily prevent the alleged abuser from abusing, or threatening to abuse, from communicating with or from molesting the person being harmed by the abuser. The court may also grant temporary custody, child support and/or alimony, use of the family home and property shared by the parties.
A restraining order is an order issued by the magistrate's court. Restraining orders are similar to orders of protection, except that magistrates do not have authority to give the victim child support, alimony, use of the family home or property shared by the parties. The magistrate's court may issue an order of protection after family court business hours in an emergency situation.

Where can I get an order of protection or restraining order?

An order of protection may be obtained from the family court in any county. You can get the forms from the clerk of family court. Petitions for a restraining order can be filed at the magistrate's office in your county. Forms are usually available at the magistrate's office. You can get help in filling out the forms from your local domestic abuse shelter or a law enforcement victims' advocate.

F. BASIC RIGHTS

Voting Rights

To vote in an election you must register to vote in the precinct in which you currently live at least 30 days before the election.

If you are not registered to vote, contact your county registrar's office that is listed under your county's government section in the telephone book under Voter Registration or Registration and Election Commission. Sometimes voter registration is conducted in public places such as shopping centers. Under certain circumstances, you can even register by mail if you plan to vote by absentee ballot or if you are physically disabled.

You no longer have to present your voter registration card to vote in your precinct. As long as you are registered, you can vote upon showing a valid driver's license or highway department photo I.D.

If you need assistance because of blindness, disability or inability to read or write, you can take anyone into the voting booth with you except your employer or an agent of your employer or an officer or agent of your union.

No patient of a nursing home, including those operated by the State Department of Mental Health, can be denied the right to register to vote, unless he has been found to be incompetent by the probate court.

If you are disabled, or it is not a good idea for you to stand in line to vote, you should contact your local voter registration office for an application for an absentee ballot or to inquire about your county's barrier free precincts that are more easily accessible.

Jury Duty

Jury duty is an important civic responsibility and can be interesting. You can be exempt from jury duty if you are over 65. The exemption is not automatic and you must be excused by the court. Legal blindness does not automatically disqualify you as a juror.
Your employer cannot legally interfere with your service of jury duty or penalize you for serving as a juror.

If you are summoned as a juror and fail to attend, without sufficient excuse, you are subject to a fine. A telephone call to the appropriate clerk of court’s office will often help with any confusion you have with regard to the summons.

G. AGE DISCRIMINATION

Do you as an older worker have recourse against an employer who unfairly discriminates against you because of your age?

Yes. The Federal Age Discrimination in Employment Act (ADEA) protects certain applicants and employees 40 years of age and older from discrimination on the basis of age in hiring, promotion, discharge, compensation, or terms, conditions or privileges of employment. The ADEA is enforced by the Equal Employment Opportunity Commission (EEOC).

Under the South Carolina Human Affairs Law, it is improper for an employer to discriminate based on sex, race, age, race, religion, color or national origin.

The following employers are subject to the federal law: private employers with 20 or more workers; federal, state and local governments; all employment agencies that serve employers who are subject to the law; and most labor organizations of 25 members or more. The South Carolina law applies to any employer who has 15 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding calendar year.

It is not unlawful to take action under the state law that is otherwise prohibited “…where age is a bona fide occupational qualification reasonably necessary to the normal operation of the particular business or where the differentiation is based on reasonable factors other than age.” (S.C. Code Ann. § 1-13-80).

Also, nothing in the state law may be construed to prohibit compulsory retirement of an employee who has attained 65 years of age and who, for the two-year period immediately before retirement, is employed in a bona fide executive or high policymaking position if the employee is entitled to an immediate non-forfeitable annual retirement benefit from a pension, profit sharing, savings or deferred compensation plan or a combination of these plans of the employer of the employee that equals in aggregate at least $44,000.

Actions that may constitute age discrimination include an employer dismissing, demoting or refusing to hire, interview or consider you for employment or promotion because of your age.

It is generally unlawful for apprenticeship programs, including joint labor-management apprenticeship programs, to discriminate on the basis of an individual's age. Age limitations in apprenticeship programs are valid only if they fall within certain specific exceptions under the ADEA (Age Discrimination in Employment Act) or if the EEOC grants a specific exemption.
The South Carolina Human Affairs Commission (SCHAC) enforces state regulations.

If you believe that you have been discriminated against because of an unlawful reason, you should file a complaint with the EEOC at the Greenville Local Office or Savannah Local Office. You should also file a complaint with the SCHAC office in Columbia. Your complaint will be investigated by a specialist who will try to resolve the problem. If that is not possible, the EEOC or SCHAC may begin court action. Few complaints are pursued in court by the EEOC or SCHAC, however. In most instances, you will have to take your own case to court with your own lawyer.

**The forgoing discussion of age discrimination is general in nature. Any individual questions should be directed to a lawyer, the EEOC or SCHAC.**

**The Americans With Disabilities Act**

The Americans with Disabilities Act gives civil rights protection to individuals with disabilities which guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, public services, state and local government services and communications.

Under the Americans With Disabilities Act, it is improper for a private employer, state or local government, employment agencies and labor unions to discriminate against qualified individuals because of a disability. A qualified individual with a disability is an individual with a disability who, “with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.”

An individual with a disability is a person who:

- has a physical or mental impairment that substantially limits one or more major life activities;
- has a record of such an impairment; or
- is regarded as having such an impairment.

An employer is required to make an accommodation to the known disability of a qualified applicant or employee if it would not impose an “undue hardship” on the operation of the employer's business. “Undue hardship” is defined as an “action requiring significant difficulty or expense” when considered in light of a number of factors.

An employer is not required to lower quality or production standards to make an accommodation, nor is an employer obligated to provide personal use items such as glasses or hearing aids.

Charges of employment discrimination on the basis of a disability may be filed at any office of the U.S. Equal Employment Opportunity Commission.
H. SMALL CLAIMS COURT

Small claims courts are known as magistrate's courts in South Carolina. (Larger cities also have municipal courts which handle a limited type of criminal and traffic offenses.)

These courts handle small claims in a quick, less formal manner that the courts of common pleas (civil) and general sessions (criminal). Their purpose is to allow citizens of the state prompt access to an adjudicating body so that claims and disputes not large enough to justify the time and expense required in the common pleas and general sessions courts do not go unresolved.

Magistrate's courts are located throughout the state on a county-wide basis. The number in each county varies with the population and the size of the county. To find the magistrates courts in your county, look in your telephone directory under county government.

Magistrate's Courts and Their Jurisdiction

The judge, or magistrate, is appointed by the governor and approved by the State Senate to be a magistrate for a particular district. Although his/her powers are somewhat limited due to the nature of the court, a magistrate does have the right to hear and decide all cases over which he/she has jurisdiction, conduct certain preliminary hearings in criminal cases, make arrests in certain cases, compel witnesses to appear at trial for the purpose of giving testimony and punish persons guilty of contempt in certain cases.

Magistrate’s courts have county-wide personal jurisdiction but can handle only cases involving persons who live in the county where the court is located.

They handle a number of different civil and criminal cases. They have jurisdiction over criminal cases in which the punishment generally does not exceed a fine of $500, or imprisonment for not more than 30 days, or both (however, they sometimes preside over cases with higher fines and sentences).

Included in these offenses are such crimes as assault and battery, larceny, receiving stolen goods or obtaining property under false pretenses. They also handle cases involving traffic offenses such as speeding, driving under the influence (first offense) and driving without a license.

Magistrate’s courts handle civil cases when the amount sued for does not exceed $7,500 including cases arising on contracts for the recovery of money, actions for damages for personal injury or property damage, claim and delivery actions actions to have specific property taken or returned) and cases involving landlords and tenants.

Magistrate’s Court Process

All actions in magistrate's courts are instituted by the filing and service of what is known as process. In a criminal action, this process is a warrant, which is issued by the magistrates and served upon the alleged offending party. In a civil case, this process is a summons and complaint, which is filed with the court and served on the defendant.
A party who is served with either a warrant or summons and complaint has the opportunity to respond to the charges or claims made against him or her. However, there are time limits that have to be met so as to protect your rights in court. A failure to meet these time limits may result in the giving up of the right to contest the charge—civil or criminal—brought against you. Thus, if you ever receive a warrant or summons and complaint, you should take action immediately.

**Your Action**

The action you need to take depends upon the nature of the charge or claim. In the criminal case, you have the right to appear at a certain time and answer the charge against you. In a civil case, you have the right to answer, either orally or in writing, the claim made against you. These rights are important and should never be voluntarily abandoned.

Following the filing of the appropriate legal documents, a trial date will be set. Prior to this trial, either party has the right to request that the trial be held before a jury rather than the magistrate. This request must be made in advance of the trial so that the court has ample opportunity to have the jury selected and notified.

**The Jurors**

The jury is drawn from a pool of qualified electors (registered voters), who live in the area where the magistrate's court is located.

**The Trial**

At trial for either a civil or criminal case, each side has the opportunity to present evidence to the magistrates or jury concerning his or her position. This evidence may be in the form of witnesses who actually come in and testify. If you need help in compelling these witnesses to appear, the magistrate can help you.

Evidence can also be documents which a party feels support his or her claim, which would include pictures of the dog that bit you and the coat with the holes in it; demonstrative evidence such as a drum similar to the one the policeman took away from you in the middle of the night; or scientific evidence such as the result of an experiment showing that the policeman's radar was actually focused on a fast truck rather than your car when he gave you the speeding ticket.

Since the purpose of magistrate's court is to provide a streamlined, less expensive way to resolve small claims, the rules of evidence—although applicable—are generally not as strictly applied. Additionally, the magistrate is more than willing to help a party in presenting his or her claim. Thus, you should not hesitate to offer any evidence which you have that supports your position.

**The Right to Appeal**

As is true with the court of common pleas and general sessions, there is a right to appeal from magistrate's court in both civil and criminal cases. A party who feels that a decision rendered against him/her was wrong may appeal to the circuit court and ask that the pre-
siding judge there review the case and decide whether the decision was correct. There are certain time limits that must be met and followed in an appeal, and you should familiarize yourself with them should you decide to appeal.

**If There is No Appeal**

If no appeal is made following a decision of the magistrate's court, that decision becomes final and enforceable. In a criminal matter, if you are found guilty and sentenced to pay a fine, you will have to do that.

There are equally serious results on the civil side of magistrate's court. When a judgment is rendered against a party, the magistrate—after a request from the winning party—is required to have a transcript, or record, filed in the office of the clerk of the circuit court. Thereafter, a writ of execution may be issued on that judgment at any time within three years thereafter. “Execution” is a legal term that involves the levying of property for the purpose of satisfying a judgment. Such an execution could result in the taking of property from the person against whom the judgment is rendered for the purpose of having the property sold to satisfy the judgment.

**No Time to Go to Court**

Although magistrate's courts handle only relatively small claims, their impact can, nevertheless, be quite substantial. As mentioned, these courts have the authority and jurisdiction to hand down certain criminal sentences that include payment of a fine and/or imprisonment and also have jurisdiction to render judgments against parties in civil cases in amounts up to $7,500. An unjustified failure to appear may result in this happening. Therefore, if you are ever summoned to any court, no matter how small the claim, you should immediately contact the court, find out what is going on and take whatever action you need to take to protect your rights.

**Appearing Without a Lawyer**

Magistrate's courts are meant to be informal and are designed to provide a process for resolving small claims in an informal and prompt manner. Additionally, magistrates are charged with the responsibility of assisting persons who do not have lawyers to make sure that their rights are fully protected. Thus, it is possible to appear in magistrate's court without a lawyer. Sample forms needed to pursue and respond to claims are available from the magistrate court.

Also, the South Carolina Bar publishes *The South Carolina Bench Book for Magistrate and Municipal Court Judges, 2nd edition*, which is available for a fee. This publication covers all aspects of proceedings in the magistrate's court and includes easy to complete forms.

The Bar also has a brochure on magistrate's courts, which is free to the public.

Nevertheless, it is not advisable to appear without a lawyer. Lawyers are trained to know the law and apply it to a particular situation. Their expertise can be invaluable in any court proceeding.
If you don’t know an attorney, call the Lawyer Referral Service of the South Carolina Bar at 1 (800) 868-2284 and ask for an attorney who handles your type of legal problem. A lawyer will meet with you to discuss your case and charge a consultation fee of $50 for the first 30 minutes.
A. REPRESENTATIVE PAYEES

A person designated to receive a benefit check on behalf of another person is called a representative payee.

This situation occurs when a person receiving a benefit check from a government program such as Social Security or the South Carolina Family Independent Program is not able to handle his or her affairs. The beneficiary may have a loss of memory, lack of awareness that the check has arrived, the inability to understand the need to pay bills or a lack of understanding of basic concepts such as arithmetic. A representative payee is often necessary in the case of an elderly individual who needs assistance from family in handling financial affairs.

There must be a real need for a representative payee. The best way to begin the process of having a payee appointed is for the family or friends of the beneficiary to notify the agency involved of the need for a payee. This need may be shown by a doctor's report as to the condition of the beneficiary and the inability to handle his or her affairs. The Social Security Administration or the Department of Social Services will make the determination, based on the information submitted, as to whether the individual is in need of a payee.

As a general rule the representative payee appointed will be a representative or close friend who cares for the beneficiary. It is also possible that an institution or agency may be appointed as payee, but the fact that a beneficiary is in an institution such as a nursing home does not mean that the institution must also be the payee.

What is the responsibility of the payee? The payee receives the check on behalf of the beneficiary and must utilize the money for the present needs of the beneficiary. Any money not used for present needs must be saved for future needs of the beneficiary. In order to ensure that a payee is handling the benefit payments in the proper manner, the Social Security Administration or other agency has certain reporting requirements, and a payee may be removed for mishandling a beneficiary's money.

If you are receiving benefits from the Social Security Administration or from the South Carolina Family Independent Program and you need assistance in handling your affairs or managing your money, you should contact the Social Security Administration or the local Department of Social Services office about the appointment of a representative payee. Remember that the primary purpose for obtaining a payee is to help the beneficiary.

B. ADULT ABUSE, NEGLECT AND EXPLOITATION

South Carolina Department of Social Services - Adult Protective Services

The Division of Adult Protective Services protects the health and welfare of elderly and disabled adults. Adult Protective Services are provided to individuals who are 18 years of age or older and are victims of actual or potential abuse, neglect or exploitation. This mis-
treatment may be caused by others or self-inflicted.

DSS is authorized, by the Omnibus Adult Protection Act of the South Carolina Code of Laws, to investigate all reports and provide services. Services are provided to meet the adults’ basic needs and to ensure their safety.

If you have reason to believe that a vulnerable adult in the community is being abused, neglected, or exploited, contact Adult Protective Services at the county DSS in the county where the adult lives.

Vulnerable adults are age 18 and older who have physical or mental conditions that impair them from adequately providing for their own care and protection.

Some people are required to report by the nature of their profession. People in the following professions are required to make a report if they have reason to believe a vulnerable adult has been or is likely to be abused, neglected or exploited: physicians, nurses, dentists, optometrists, medical examiners, coroners, other medical, mental health or allied health professionals, Christian Science practitioners, religious healers, school teachers, counselors, psychologists, mental health or mental retardation specialists, social or public assistance workers, caregivers, staff or volunteers of an adult day care center or facility and law enforcement officers.

Also, any person who has actual knowledge of the abuse, neglect or exploitation of a vulnerable adult must report the incident.

The Omnibus Adult Protection Law can be found in the S.C. Code of Laws, § 43-35-5 et. Seq.

C. LONG TERM CARE OMBUDSMAN PROGRAM

The purpose of the Long Term Care Ombudsman Program is to improve the quality of life and quality of care of all residents in long-term care facilities in South Carolina.

Residents in long term care facilities are often physically and emotionally vulnerable, facing daily challenges in pursuing a meaningful quality of life. When problems arise, residents or families can call an ombudsman for help. Ombudsmen receive complaints about long-term care services and then voice these concerns to nursing homes, residential care facilities and other providers of long-term care.

The Ombudsman Program is governed by the federal Older American Act, Investigation of Health Facilities by Ombudsman Law and by the South Carolina Omnibus Adult Protection Act.

The Lieutenant Governor’s Office on Aging is designated as the state unit on aging and administers the statewide program through contracts with 10 regional offices located throughout the state. These programs are located within Area Agencies on Aging and funded with federal, state and local dollars. There is no charge for services provided by the Ombudsman Program.
Refer to the Resource Directory for the contact information for the Long Term Care Ombudsman serving each region of South Carolina.

The Ombudsman Program is not a regulatory agency and has no enforcement authority. Its main functions are to investigate complaints for prompt referral to regulatory, law enforcement or prosecutorial authorities and to engage in public activity to educate, inform and advocate for the rights of residents in long term care facilities.

The Ombudsman Program is responsible for assuring that individuals receive quality care and fair treatment. Ombudsmen act as the eyes and ears for residents and encourage access to advocacy by letting residents know what kind of care to expect, by providing a mechanism to file a complaint and by guiding residents through the process of advocating on their own behalf.

**Following are other services provided by Ombudsmen**

- Investigates and resolves complaints made by or on behalf of resident
- Informs residents about services provided by long-term care providers, public agencies, health and social service agencies or other services to assist in protecting their health, safety, welfare and rights
- Provides regular and timely access to ombudsman services for residents and timely responses to complaints
- Analyzes comments on, and monitors the development and implementation of federal, state and local laws, regulations and other governmental policies and actions pertaining to the health, safety, welfare and rights of residents
- Provides support for the development of resident and family councils in facilities
- Prohibits inappropriate disclosure of the identity of any complainant or resident with respect to Long Term Care Ombudsman files or records
- Educates the community about needs of long-term residents
- Coordinates efforts with other agencies concerning long-term care
- Makes friendly visits to long-term care facilities to talk to residents and monitor conditions
- Provides training and education to facility staff about resident rights and other long-term issues

**The Volunteer Ombudsman Program**

The Volunteer Ombudsman Program consists of volunteers serving residents in nursing homes and residential care facilities. Volunteers are asked to make a significant commitment to the Ombudsman Program through weekly contact with residents in assigned facili-
ties. The volunteers are trained and certified by the State Long Term Care Ombudsman Program. Volunteers assist residents with problems or complaints and seek to diminish the sense of isolation experienced by residents, especially those without family and visitors. Volunteer ombudsmen work with residents and facility staff to make sure that lines of communication between families remain open and to help emphasize the importance of making sure that residents’ rights are respected at all times.

A volunteer ombudsman must:

- be free from conflicts of interest
- agree to abide by the Ombudsman Code of Ethics
- be 21 years of age or older
- have a valid driver's license and transportation
- have effective verbal, listening and writing skills
- not use controlled substances
- not have a criminal record
- agree to a criminal background check
- not have a family member, friend or relative in the facility where assigned
- be available for a minimum of four hours each week to visit residents at the designated facility.

The volunteer duties are to:

- Serve as friendly visitors to nursing home and residential care facility residents
- Educate residents, families and facility staff about residents’ rights and advance directives
- Assist residents in solving minor complaints or issues with facility staff
- Participate in resident and family council meeting when invited
- Help improve the quality of life for residents by listening, observing and providing a line of communication to address their concerns
- Refer serious concerns and complaints to the Long Term Care Ombudsman

**Indicators of Potential Abuse of an Adult**

The following descriptions are not proof alone of abuse of an adult, but are possible clues:

- Injuries that regularly occur or appear after weekend, vacations, holidays (such as bruising, welts, burns or other multiple injuries)
- Weight loss, malnutrition or dehydration without illness related causation
- Frequent visits to an emergency room or “health-care shopping”
- Habitual use of restraints or confinement
- Unusual activity in a bank account, missing money, discrepancies, frequent checks written to “cash”
- Numerous unpaid bills
- A recent will when the adult appears incapable of making a will
- Habit and conduct disorders (rocking, sucking, withdrawal)
- Threats or insults being made by caregivers
- Statements about caregivers that indicate fear or resignation
- Restrictions placed upon the adult regarding whom they can meet or speak with.
D. GUARDIANSHIPS AND CONSERVATORSHIPS

The following section is not intended to replace advice from an attorney or other qualified professional when dealing with the legal and other issues addressed herein.

There are cases where an adult person has lost the ability to provide for his or her own physical needs such as food, shelter or clothing or can no longer manage his or her financial affairs adequately. These situations may be a result of an accident, physical or mental illness or merely as a result of conditions associated with advanced age. When this happens, it may become necessary for family members or some other person interested in his or her welfare to intervene and seek the appointment of a guardian or conservator in order to ensure that the impaired person and their property is protected.

The terminology and laws used in appointing guardians or conservators is fairly complex, and the discussion below is intended to give you a general idea of what is involved with a guardianship or a conservatorship.

Some Common Terms

Guardianship – A court ordered legal relationship where a competent adult is appointed to care for and make decisions with respect to personal matters on behalf of a minor or incapacitated person. These decisions are essentially those traditionally made by a parent, such as health care decisions and where the incapacitated person will live. Guardianship proceedings for minors are in the family court, and guardianship proceedings for incapacitate adults are in the probate court. Such proceedings may become necessary for an adult when the person, due to advanced age or physical or mental incapacity, becomes unable to make important decision on his or her own behalf.

Guardian - The competent adult appointed by the court to carry out the duties of a guardianship. (A natural or adoptive parent is considered the natural guardian of a minor child, and that relationship exists without a court order. A guardian would typically be appointed for a minor only when there is no living parent willing or able to care for the child.)

Protected Person – The minor or the incapacitated person for whom a conservator has been appointed.

Ward – The minor or the incapacitated person for whom a guardian has been appointed.

Conservatorship – A court ordered legal relationship where a competent adult or entity is appointed to care for and manage the property or estate of the protected person. Unless a guardian has also been appointed, the protected person is otherwise free to exercise his or her own decisions concerning personal matters.

Conservator – A person appointed by the probate court to manage the property or estate of a protected person.
Guardian ad Litem - A person appointed by the court who is authorized to represent the incapacitated person’s interest in a matter being heard before a court or other official forum. Oftentimes a court will appoint an attorney to act as both guardian ad litem and counsel for a minor child or incapacitated adult in a particular matter which is being heard in court.

Testamentary Guardian - A person appointed as guardian of a minor child or incapacitated adult pursuant to a provision in their parent’s will.

Obtaining a Guardianship or Conservatorship

The probate judge has the authority to appoint conservators for minors or incapacitated adults and guardians for incapacitated adults. As explained previously, guardians for minors are appointed in the family court.

The appointment of a guardian for an incapacitated adult is started by filing the proper petition with the probate court in the county where the incapacitated person resides. The probate court will often appoint an attorney to act as guardian ad litem to protect the ward's interest during the legal proceedings and to ensure that all due process rights are properly afforded. Due process rights can include representation by counsel, notice of the proceedings, opportunity to cross-examine witnesses and the opportunity to present evidence at the proceedings. The matter is heard before the judge of probate without a jury.

The person bringing the action (the petitioner) generally has some relationship to the incapacitated person, such as a parent, custodian, relative or some other interested person. Under some circumstances a state agency or hospital may petition for the appointment of a guardian for someone in its care and custody when there is an immediate need and no family member is available or willing to assist the incapacitated person.

At the hearing clear and convincing evidence must be presented to demonstrate or prove that the person needs a guardian. If the person is incapacitated to the extent that he or she cannot make or communicate responsible decisions, the court will need evidence to prove this. Such evidence usually comes from qualified medical or nursing professionals.

If the probate court finds it is necessary or desirable to have a guardian as a means of providing care and supervision for the incapacitated person, the judge will appoint a guardian. In most cases the court appoints the ward’s parent or other close relative, if they are available and willing to serve, unless it is shown that someone else would better serve the ward’s interest. If the judge finds that the ward is totally incapacitated, the guardian will have full guardianship powers. If the ward is partially able take care of himself and make some responsible decisions for himself, the guardian may be given limited guardianship powers.

The appointment of a conservator for an incapacitated person is likewise started by filing the proper petition with the probate court. That is generally the probate court for the county where the incapacitated person resides. The procedures for the appointment of a conservator are very similar to those for the appointment of a guardian. A conservator will be appointed where the court finds that the person to be protected is incapable of managing his or her own estate.
Conservator and Guardian Duties

The positions of conservator and guardian involve a fiduciary relationship. These are positions of the very highest trust and loyalty, and they involve obligations to act in good faith solely in the interest of the protected person or ward. The conservator and guardian are not permitted to gain any personal profit or advantage from dealings with the ward or the ward’s property or estate.

A conservator must file a bond with the probate court unless the court for good cause shown waives the bond. For instance, a court might waive bond if the assets are held in an approved protected account in a manner that prevents their unauthorized disposition.

The conservator must report to the court, on an annual basis, all transactions affecting the protected person’s estate. Although it might not be necessary to get the court’s approval prior to spending money from the protected person’s estate, the conservator may wish to get court approval before spending large sums of money. The conservator can be held personally liable for improper expenditures, and a conservator may be removed for cause if he or she fails to act in the best interest of the protected person. A conservator may also be found in contempt of court for intentionally failing to properly account for the protected person’s estate.

The guardian must also report to the court on an annual basis. This report includes answers to questions concerning the ward’s living arrangements, medical condition and health care providers.

Guardianship Alternatives

Sound legal advice should be sought when considering whether conservatorship or guardianship is necessary for your impaired relative or friend. Serious consideration should be given to the alternatives to such appointments. Some other approaches to assisting an impaired person are a trust, a durable and health care power or attorney, a representative payee, living will, in-home and community based services available from local service providers or the use of the range of other protective services available through the Department of Social Services. These alternatives are discussed in other parts of this handbook. For your own estate planning purposes, you should investigate these services and alternatives now before you become incapacitated and while you still have the required mental capacity to execute a valid durable power or attorney or living will should you wish to obtain one of those estate planning documents.

E: CIVIL COMMITMENTS

IMPORTANT: The following discussion is very broad and should not be viewed as anything but a general overview of civil commitment. It should be noted that commitment represents a severe restriction of rights and should be taken seriously. It should only be used as a last resort and, if used improperly, a civil commitment proceeding could expose a person to criminal or civil liability.
Some people with a mental illness may become so ill that they pose a threat to themselves or others and are in need of psychiatric hospitalization. A person may be admitted to a state psychiatric hospital through a voluntary admission, may be ordered hospitalized involuntarily by a probate court following a petition from another person or may be involuntarily admitted upon a physician’s certification in an emergency situation. When a mentally ill person is ordered involuntarily confined by a probate court, it is called “civil commitment.” The confinement is allowed not because the person has broken any laws, but to protect the mentally ill person and society.

South Carolina provides different procedures for the three methods of commitment (voluntary, emergency and judicial).

**Voluntary Admission**

Any person 16 years of age or older who seeks treatment for a mental illness at a Department of Mental Health (DMH) facility and who the director of a state hospital views as a proper subject may admit him or herself for help. A voluntarily admitted patient can request his/her discharge from the DMH facility at any time. If such a request is made within 15 days of admission, it may be denied.

The patient may also be discharged if he recovers or detention is no longer advisable. Notice of this right to release must be given at admission, during the first six months and annually thereafter.

If the patient asks to be discharged but further hospitalization is needed, emergency or judicial commitment procedures may be used.

**Emergency Involuntary Admission**

Sometimes it may be necessary to confine a person as soon as possible so that he/she does not hurt himself or others. In these cases, any person can submit a sworn application the he believes a person is mentally ill and is likely to cause harm to himself or others if not immediately hospitalized. The application must state the specific harm feared and the factual basis for the belief. This application must be accompanied by a certificate by a licensed physician stating that the doctor has examined the person, believes him to be mentally ill, believes that the person is likely to cause harm to himself or others unless immediately hospitalized and the grounds for this belief.

The physician’s certificate authorizes any police officer to take the individual into custody and to transport him to a treatment facility. The place of admission must forward the papers to the probate court within two working days of admission. Then, the court may order the person detained, appoint counsel, schedule a hearing within 15 days and appoint two examiners, one of whom must be a licensed physician. If the report of the examiners is that the patient is not mentally ill, the court must dismiss the petition and the patient must immediately be discharged by the facility. A person may retain his own counsel and has the right to request an independent designated examiner.
Judicial/Involuntary Commitment

Where a mentally ill person refuses to commit himself and no emergency exists, a petition for involuntary hospitalization may be made. The petition must have a certificate from a designated examiner that the person to be admitted has been examined and found mentally ill or that he has refused to submit to an examination.

The probate court must appoint counsel and two designated examiners to examine the person within three days of filing the petition. The judge can order the detention of the person to be examined if he refuses to consent to the exam for up to 24 hours. The patient may request an independent examiner. If the report from the examiners indicate that the person is mentally ill, a hearing before the probate court must be set within five to seven working days.

In both emergency and judicial admissions, the hearing must follow certain due process requirements such as proper notice and the right to counsel. The court must find by clear and convincing evidence that the person is mentally ill, needs treatment and, because of this, lacks insight regarding the treatment needed or is likely to cause harm to himself or others. The court may order in-patient or out-patient treatment. There is a right of appeal and a right to petition for a re-examination. The hospital must make a periodic examination of the person who is committed at least six months from admission and annually thereafter.
A. ESTATE PLANNING

There are several reasons for making an estate plan. Some of these reasons could be a change in marital status, your retirement, the birth of a new grandchild or a move to a new state. Such changes in your life call for review of an existing will or estate plan or for making a will or estate plan. Other changes for review or action could be called external changes. For example, changes in the federal and state tax laws, as well as changes in the state inheritance and probate laws should remind you to review your estate plan or to make one.

Although each plan should be tailored strictly for you, there are simple steps you can take in formulating an estate plan. The first would be to gather information concerning your assets or property. It is a good idea to list on a piece of paper the following: family home or other real estate, bank accounts, certificates of deposit, stocks, bonds, business interests, life insurance (be sure to include group insurance), pension plan death benefits, IRAs or Keogh plans, profit sharing benefits and other things of value.

Next, subtract your liabilities such as mortgages, loans and credit card debts. The results will be your “net estate.” At this point, you should consider if estate taxes will be a problem. Elsewhere in this handbook is a section on estate and gift taxes that you should read carefully.

After you have determined your net estate, list your family members and their relationship to you. At this point, consider if there is a particular family member that would not be able to handle any property left to him or her outright. This could signal the need for a trust of some sort.

Next consider if there is any favorite charity or organization to which you would like to contribute now or after your death.

Your next step should be to choose a person who will be in charge of your estate to collect your assets, pay your debts and make sure that whatever property is left is delivered to those persons specified in your will. The title given to such a person is personal representative. The probate court will choose your personal representative for you, based on certain priorities established by law, but often follows the recommendation in your will. These priorities are based on the kinship of various persons to you.

If your children are under the age of 18, you should consider a person who will have
physical custody of your children until they attain the age of 18. Such a person is called a guardian. While you have no power to appoint a guardian for your children under 18 in your will, you can express a preference for a person to serve. The family courts of South Carolina have the power to appoint the guardian and should give careful consideration to your stated preference.

You should choose a means of disposing of your property, now or at your death, or both. The most common methods are: wills, joint ownership, life insurance and trusts.

B. WILLS

You can accomplish two principal objectives in your will. There are two main purposes of a will. In a will you can (1) dispose of your property as you see fit, subject to some exceptions, and (2) you can nominate a personal representative to administer your estate.

In your will, you can give everything you own, including land, automobiles, household items and money, to anyone you want. However, if you are married, under the law, your surviving spouse has a right to claim as much as 1/3 of the property disposed of by your will, whether the will contains any provisions for spouse or not. If you leave less than 1/3 of your estate to your spouse, your spouse can claim additional property equal to the difference between one third and the amount bequeathed to the spouse in the will. If you leave more than one third of your estate to your spouse, your spouse cannot claim any additional property.

However, the 1/3 spousal share can be waived in writing by the beneficiary spouse after full disclosure of assets.

There are several parts to a will, but the main parts dealing with giving away the property are called specific bequests, general legacies and the residuary. A specific bequest is a gift of a particular or specific thing, such as a lamp, table, ring or watch. A general legacy is a gift of a group of things that meet a particular description, such as a gift of all your stock. A cash legacy is a general legacy. A residue provision is a gift of all your remaining property not otherwise specifically disposed of in your will.

In addition, your will can provide that, in the future (after you sign your will), you may make a written or signed memorandum in which you specify how certain kinds of items such as household furniture, jewelry, personal effects, china, silver, tools, automobiles, etc. are to be disposed of. The written memorandum must be signed and dated (the will can also refer to a written or signed memorandum already in existence before the will is signed). If the will contains such a statement, later you may write out and sign such a memo and it will be legally effective to dispose of such items. This procedure may be used only for tangible personal property and not real estate, nor can it be used to give away money bequests; evidences of indebtedness, documents of title, stocks and bonds or other securities; or property used in a trade or business.

If you die without a will, your estate will be distributed according to a scheme set out in the statutes known as the **Intestacy Statutes**. A person dying without a will is said to die “**intestate**.” The intestacy distribution scheme is roughly as follows:
If there is a surviving spouse and no surviving children, then the spouse takes the entire estate. If there is a spouse and children, the spouse takes half and the children divide the other half among themselves. If there are children but no spouse, then the children divide the entire estate among themselves. If a child predeceased the deceased person but left children or other lineal descendants (or issue) of the decedent, (the deceased person’s grandchildren, etc.), then the issue take their share. If there is neither spouse nor children or other issue, the estate passes to parents, and if none, then to issue of parents, and if none, then to grandparents, and if none, then to issue of grandparents, and if none, then to great-grandparents, and if none, then to issue of great-grandparents.

**Personal Representative**

Another objective your will can accomplish is to nominate a person to serve as your personal representative. The work of the personal representative falls into three categories. The personal representative must (1) collect your assets, (2) pay your debts and funeral expenses and (3) distribute your property as provided in your will, or if you have no will, then according to the intestacy scheme (see above).

A personal representative, to be appointed as such by the probate court, must be over the age of 18 years at the time of appointment. With certain exceptions, all personal representatives of persons who die without a will must post bond. If the personal representative of a person who dies without a will is also the sole heir of that person, or if all the heirs consent, no bond is required.

Frequently, a spouse is nominated as a personal representative. Adult children are also frequently nominated. Banks having trust departments can serve as personal representative. Attorneys, accountants and other persons may be logical choices, but you are free to nominate whomever you wish. You should not only name a primary personal representative, but also some alternatives to serve if the primary representative cannot serve or dies in office.

To make a will, you must be of “sound mind,” over age 18, and the will must be in writing, signed by you and witnessed by two witnesses. The witnesses should be persons who will not receive property under the will. Otherwise, they may forfeit their legacies under the will. The other provisions of the will remain valid, however, under such circumstances.

The exact procedure in South Carolina to sign and witness a will is very strict, and a failure to follow the rules exactly can result in an invalid will. Therefore, it is strongly suggested that you consult with an attorney. Simple wills are not expensive, and it is easy to make mistakes or leave out important points in writing your own will.

You can change or revoke your will at any time before you die as long as you are “of sound mind.” By making a will, you do not lose the right to change your mind at a later time and revoke the will and make another will.

If you have a will, you should not write on the will any changes that you might like to make. Such writings in general cannot make a change in your will but the writing may revoke the entire will or parts of it without replacing the will or the revoked parts. The
very best way to alter or cancel a will is by another will or codicil. A “codicil” is an amendment or change to a will that must be prepared and executed just like a will and signed by you at a time when you are of “sound mind.”

A will can be revoked by you at any time by tearing it up or by making a new will that says it revokes the old. In addition, certain things you can do, unrelated to your will, can revoke or change a part of your will. For example, if you obtain a divorce, South Carolina law automatically revokes those provisions in your old will relating to your divorced spouse. If you make a will and then get married, it is possible that your new spouse may be entitled to your entire estate, or half of your estate if you are survived by issue.

Finally, some do’s and don’ts in making a will:

**Do** choose witnesses who are younger than you and who are likely to remain in close physical proximity to you.

**Do** have the witnesses write their addresses next to their signatures.

If you leave specific items of property to anyone, **do** describe these items as clearly as possible.

**Do** provide the full names and addresses of those persons to whom you leave anything so that your executor will be able to find those persons more easily.

**Do not** choose as a witness anyone to whom you are leaving something in the will.

**Do not** sign a will that contains erasures, insertions or marked out words or that is torn or illegible.

**Do not** write a will in pencil.

### Joint Property Ownership

With or without a will, your family will be faced with a probate court delay before your property is legally distributed following your death. Property in joint ownership does not pass through probate. Although jointly owned property is not part of your probate estate, it is part of your taxable estate and therefore cannot be ignored when making an estate plan. Because property held in joint ownership does not pass through probate, you may be tempted to use joint ownership to distribute your estate instead of a will, with the idea of sparing your family the delay of probate court proceedings. This may or may not be prudent.

Joint ownership is a fixed and rigid system that does not allow for changes in circumstances. It may give another person equal control during your lifetime over whatever property you decide to place in joint ownership. For example, a joint owner of your bank account can write checks and use all the money in that account while you are still living without your permission, even though you may intend for that person to have the money in that account only after your death.

If you put real estate in joint ownership with the right of survivorship, you must do so by
a deed, and South Carolina is very strict as to exactly what words must be used in making such a deed. Once the real estate is in joint names with right of survivorship, if you ever decide to sell or mortgage the real estate, you must have the permission of the other person whose name you put on the survivorship deed.

Adding a name to a title or deed to create a joint ownership of real estate may negatively affect your Medicaid eligibility, since the property will be treated as an asset for each owner.

A husband and wife who own everything jointly may still need a will in the event they die simultaneously or to dispose of assets on the survivor’s death.

Additionally, if you use a will to leave your property to someone, you can always change the will or sell the property. Once you have deeded the property to be owned jointly with or without survivorship, you must have the consent of the joint owner to sell the property. Moreover, you cannot leave such property in your will to anyone unless you survive the co-owner.

Keep in mind that using joint ownership as a means of helping your family avoid probate after your death may result in causing you considerate problems in your lifetime. Used in addition to a will, however, joint ownership can be a useful device in helping distribute your estate after you die, but be certain that you know the consequences of joint ownership.

**Again, as with any aspect of estate planning, you should consult with an attorney and other qualified professionals before making any final decisions.**

**Life Insurance**

Life insurance benefits are payable to the beneficiary named in the policy. If on a life insurance beneficiary designation, you name a specific person or persons as your life insurance beneficiaries, then at your death the proceeds of the policy will be paid to that specific person or those persons (called the beneficiaries). If you later attempt to bequeath those same proceeds in your will to someone else, such a bequest may not be effective. To change the beneficiary of a life insurance policy, you should use the written form issued by the insurance company, or you can make the insurance policy proceeds payable to your estate. If you do that, then you can specify in your will who is to receive those proceeds.

If the beneficiary of one of your life insurance policies should die before you do, then in some cases, under the terms of the policy, the proceeds may be payable automatically to your estate. For that reason, you may wish to place an alternate beneficiary on the beneficiary designation form. In addition, you may also wish to provide in your will what is to happen to the insurance proceeds if all of the named beneficiaries of your policies die before you do.

In South Carolina, life insurance proceeds payable to someone other than your estate are not subject to probate costs or delays, although they must be reported to the probate court. However, all life insurance proceeds, no matter to whom payable, will be counted as part of your estate for tax purposes if you owned such policies at the time of your death.
**Trusts**

A trust is a flexible device by which a person (or bank, called the “trustee”) owns and manages the assets of one person (sometimes called the “settlor” or “grantor”) for the benefit of another person (the “beneficiary”).

Trusts have a variety of purposes. In some cases, they are used to provide money management to a person unable to effectively manage finances. In other cases, the principal purpose of a trust may be to minimize estate or gift taxes. Common types of trusts that are useful tools when planning for incapacity include testamentary living (or intervivos), discretionary, luxury, sprinkling and life insurance.

*Because the laws governing trusts are complex and require thorough investigation and careful drafting, you should consult with an attorney before establishing a trust.*

**C. MEDICAL DECISION MAKING**

Recent advances in medical technology have presented patients and their families with numerous choices regarding the patient’s care. These choices are difficult enough to face when the patient is mentally alert and able to make, or at least participate in, these decisions. When the patient is no longer capable of making decisions or communicating his wishes, these decisions can be agonizing for remaining family members.

You have the right to make all decisions about the health care you receive. The best way to help ensure that your wishes are followed is to sign an advance directive. The use of advance directives is strongly encouraged. Two forms of advance directives are widely recognized and discussed below. They are the living will and the health care power of attorney.

Copies of both documents may be obtained from the Commission on Aging, Area Agencies on Aging, Local Service Providers, the Joint Legislative Committee on Aging and the Long Term Care Ombudsman Office.

**Patient Self-Determination Act**

The Patient Self-Determination Act requires all Medicare and Medicaid provider organizations (specifically hospitals, nursing facilities, home health agencies, hospices and prepaid health care organizations) to do essentially six things:

1. Provide written information to patients at the time of admission concerning the right to formulate advance directives, right to refuse or accept medical or surgical treatment and rights under South Carolina law.

2. Maintain written policies and procedures with respect to advance directives (living wills and health care powers of attorney) and to provide written information to patients.
3. Document in the person’s medical record whether the person has signed an advance
directive.

4. Ensure compliance with the requirements of state law (whether statutory or as recog-
nized by the South Carolina courts).

5. Provide for education for staff and for the community on issues concerning advance
directives.

6. To never discriminate against a patient based on whether he or she has an advanced
directive.

**Note:** This act does not require advance directives or that advance directives be signed
before admission.

**Living Wills**

Of concern to many people is the thought of being placed on life support systems and
being kept alive only because of a machine. Some people feel this would be dehumanizing
because it involves loss of dignity. In response, the South Carolina Legislature has adopted
a “Death with Dignity Act” permitting individuals to sign a document called a
“Declaration of Desire for Natural Death” or living will.

The living will is the most widely known advance directive. It is a document in which a
competent person states that you permit your attending physician to withdraw life-sus-
taining treatment and permit you to die if you are terminally ill or permanently uncon-
scious. Some trusted family member, friend or even your doctor should be given custody
of the declaration after you have signed it. You must use the form set forth in the Death
with Dignity Act. In addition, you must follow the instructions very carefully in regard to
the number of witnesses and in regard to who can and cannot be a witness. The declara-
tion can be revoked by you in writing or orally to your physician.

**Health Care Power of Attorney**

A durable power of attorney for health care decision making gives an agent the power to
make health care decisions on your behalf in case you become unable to make them for
yourself. Such powers may be very broad, covering all medical decisions, or may be limit-
ed to specific medical matters.

You should appoint a person (agent) you trust who knows how you feel about health care.
You should also name an alternate in case your agent is unavailable or unable to serve.
You should talk to the persons you choose in order to be sure they are willing to serve and
to ensure they know how you feel about health care.

At least two persons must sign the document as witnesses when you sign it. You do not
have to record your health care power of attorney to be valid. The Health Care Power of
Attorney has been amended and includes a new HIPPA Authorization, clarifies designation
of choices in connection with tube feeding and a notary signature is optional. The new
document is effective for all documents executed on or after January 1, 2007.
The Five Wishes

The Five Wishes met legal requirements in SC under a new law which became effective in June 2005. The Five Wishes document helps you express how you want to be treated if you are seriously ill and unable to speak for yourself. It is unique because it looks to all of a person’s needs: medical, personal, emotional and spiritual. Five Wishes also encourages discussing your wishes with your family and physician.

Five Wishes lets your family and doctors know:
1. Which person you want to make health care decisions for you when you can't make them.
2. The kind of medical treatment you want or don't want.
3. How comfortable you want to be.
4. How you want people to treat you.
5. What you want your loved ones to know.

Adult Health Care Consent Act

The Adult Health Care Consent Act (S.C. Code Ann. § 44-66-10, et seq.) provides a process for making health care decisions for a patient who is unable to consent, but who did not make an advance directive. The Act establishes an order of priority for those who may make health care decisions for a patient who is unable to consent.

“Unable to consent” means the patient who is unable to appreciate the nature and implications of the patient’s condition and proposed health care, to make a reasoned decision concerning the proposed health care or to communicate that decision in an unambiguous manner. A patient’s inability to consent usually must be certified by two licensed physicians. The Act provides for exceptions when health care may be provided without consent where there is serious threat to the health of a patient or to relieve suffering.

D. PROBATE AND ADMINISTRATION

When a person dies, there is a process for paying his or her debts and distributing the estate to the beneficiaries named in their will or, if there is no will, to their intestate heirs. This process of estate administration is generally done through the probate court for the county in which the decedent was living at time of death. Although the probate court supervises the administration of the estate, someone needs to be appointed as personal representative, and that person has the duty to perform the work necessary to settle the estate.

When a person leaves a will, that document needs to be presented to the probate court. It can then be proved, or probated. This is done by an order of probate. In some cases, the probate court may require the testimony of a witness, but generally, if there is no will contest or dispute, such testimony is not required. In most cases, the will is proved, or probated, at the same time that the personal representative is appointed by the probate judge.

The personal representative has 90 days from the date of his or her appointment to file an inventory of all estate assets showing the fair market value of such assets as of the date of death.
The personal representative must ensure that an advertisement or notice is published in the newspaper giving notice to any creditors of their opportunity to file claims against the estate. Creditors generally have eight months from the date of the first publication of this notice to file claims against the estate. If there is a question about the validity of a claim, there is a process in the probate court where either the creditor or the personal representative can ask the probate judge determine if a claim is valid. The personal representative has a legal duty to pay all valid claims. The personal representative is also responsible for collecting the assets of the estate and collecting any monies due the decedent or the estate.

The personal representative must also file the decedent’s income tax return for any year for which the deceased person did not file such return. If it is a taxable estate, the state and federal estate tax returns must also be filed, and this must be done within nine months of death. If the estate earns income from estate assets during the administration of the estate, the estate income tax returns must also be filed.

After all valid claims against the estate and all taxes have been paid, the personal representative can then distribute the estate. If the deceased person left a valid will, then the remaining assets must be distributed as provided in the will. If there was no will, the remaining assets are distributed to the heirs according to the laws of intestate succession. The personal representative must also file an accounting of his or her collections of estate assets and income and payments and distribution of those assets. When all this is done, the estate is considered to be settled, and the probate court will enter an order closing the estate and discharging the personal representative. If there is a dispute among the heirs or devisees, a final hearing is sometimes required before the judge will enter the order closing the estate. However, in the majority of cases, a final hearing is neither requested nor necessary.

The personal representative can obtain help in administering the estate from a qualified attorney. This is advisable when the estate has complex issues, when it involves transfer of title to real estate or when it is fairly sizeable.

**E. POWERS OF ATTORNEY**

A power of attorney is a written statement in which one person (called the “principal”) authorizes another person (called the “agent”) to act for him. A power of attorney can be a very useful tool in the event you become unable to conduct your own personal business. If you find it difficult to go to the bank to deposit or cash checks or to take care of other business because of physical illness, disability or lack of adequate, convenient transportation, you may appoint a trusted person to act for you by using a power of attorney.

The power of attorney is not usually given to an attorney but is more often given to a friend or relative. Great care should be exercised in choosing an agent because the power of attorney can be abused by a negligent agent or by an unscrupulous agent. In such cases, you may lose money, and your only remedy might be a costly and difficult cause of action against the agent in court. That is a situation you certainly want to avoid.

The principal must sign the power of attorney. At the time the power of attorney is executed, the principal must be competent. If the proposed principal is not competent to
sign the power of attorney, the only other alternative may be to have a conservator appointed in the probate court.

Through the power of attorney, the principal can give the agent general power, the ability to conduct all the principal's business, or special powers, or the ability to transact only a particular type of business for the principal. No matter whether the power of attorney is general or special, it should specifically state the powers granted to the agent. If the language in the power of attorney is too vague, it may not be honored by banks or other institutions and could lead to abuse by the agent.

The acts of the agent bind the principal as long as the power of attorney is effective. The principal can revoke the power of attorney at any time. The revocation should be in writing and communicated to the agent and to all persons or institutions that have been doing business with the agent. A power of attorney also terminates upon the incapacity or death of the principal.

**Durable Power of Attorney**

Although the power of attorney discussed above terminates upon the incapacity of the principal, there is a power of attorney that remains effective even after the principal becomes incapacitated. It is called a durable power of attorney, and it contains the following language or similar words showing the principal's intent that the authority conferred is to continue even in the event of the principal's disability or incompetence: “This power of attorney is not to be affected by physical disability or mental incompetence of the principal which renders the principal incapable of managing his own estate.” A durable power of attorney is generally effective when it is executed. However, you can execute what is called a springing durable power of attorney. This is a durable power of attorney that is effective only upon the disability or incompetence of the principal.

The durable power of attorney must be executed and witnessed by two witnesses and a notarial acknowledgement, and it must be recorded where deeds are recorded in the county in which the principal resides. This will be either the office of the register of deeds or with the office of the clerk of court, depending on the county.

The durable power of attorney is an extremely useful device to deal with problems of possible future mental incapacity. A durable power can give instructions to an agent about the principal’s desires concerning his business affairs, finances and health care at a time when the principal may become mentally incapacitated. The durable power of attorney can serve as a guide for the agent and the family in making property, medical, financial and personal decisions. A durable health care power of attorney can be used by the principal to indicate desires concerning the medical treatment he or she wishes to receive if mental incapacity leaves he or she unable to make such decisions independently.

**The advice and assistance of an attorney is recommended when preparing and executing any powers of attorney.**
F. EMPLOYMENT PAST RETIREMENT

Driven by the aging of the “baby boom” generation and the tremendous popularity of our state as a retirement destination, South Carolina is at the leading edge of a nationwide trend towards an older workforce. South Carolina’s 60-and-over population is expected to double over the next two decades to more than 1.3 million. Many of these people, either through necessity or by choice, may continue working well into their sixties, seventies or even longer.

There is no question that employers in South Carolina—as in the rest of the country—will need to begin implementing strategies to attract and retain older workers. By the year 2030, it’s estimated that 76 million baby boomers will have retired in the United States, but only 46 million new workers will enter the labor market. This should create opportunities for older workers who do want to continue working to supplement their retirement income. Currently, only one program in South Carolina—outlined below—is focused specifically on retraining older workers. Another potential avenue for older workers seeking job re-training is South Carolina’s public universities and technical colleges. Our state-supported institutions of higher education can offer free tuition to individuals over 60, so long as they are not employed full time and meet other admission requirements.

**Senior Community Service Employment Program**

Title V of the federal Older Americans Act funds employment and training services to unemployed individuals age 55 and older who meet income and other eligibility guidelines. The Lt. Governor’s Office on Aging oversees a program called the Senior Community Service Employment Program (SCSEP) that is designed to help older workers with a financial need re-enter the workforce. Participants in the program work part time at government agencies and non-profit organizations in order to learn job skills that can help them find full-time work in the private sector.

The Lt. Governor’s Office on Aging contracts with the non-profit agency Experience Works, Inc. to administer the SCSEP program. In addition to receiving employment and training experience, workers in the SCSEP program also supplement the work force for aging service providers and for other government and non-profit organizations.

Experience Works coordinates services for older workers by placing staff in South Carolina Employment Security Commission (ESC) One-Stop centers around the state. For more information, contact the ESC One-Stop Workforce Center nearest to you (list available at www.sces.org) or the Lt. Governor’s Office on Aging at 1 (800) 868-9095.
PART FIVE – FINANCIAL ASSISTANCE

A. TAX RELIEF

This section will give you a brief overview of tax advantages made available to senior citizens. Because tax laws are complicated and change frequently, it is highly recommended that you consult with a professional tax advisor, such as a certified public accountant and/or a lawyer experienced with income tax or estate planning.

Federal Income Tax

Who Must File

The amount and source of income you receive will determine whether you must file an income tax return. By way of example, the chart below, which covers filing requirements for 2005, can give you a general idea of who was required to file for 2005.

(Important: The following requirements are subject to change for each tax year and are only provided here as an example of requirements for 2005.)

You must file a return for 2005, even though you owe no tax, if:

You were single for all of 2005 and were:
• under age 65 with an income of at least $8,200 or
• age 65 or older with an income of at least $9,450;

You were married filing a joint return and were living with your spouse at the end of 2005 or on the date your spouse died and:
• both were under age 65 with an income of least $16,400;
• one spouse 65 or older with an income of at least $17,400; or
• both spouses 65 or older with an income of at least $18,400;

You were married filing a separate return or married but you did not share the same household at the end of 2005 with an income of at least $3,200;

You were a qualifying widow or widower with a dependent child and:
• Under age 65 with an income of at least $13,200; or
• Age 65 or older with an income of at least $14,200.

Also, you must file regardless of income if you received any advanced earned income credit (EIC) payments from your employer(s) during 2005.

If you were self-employed and your net earnings from this work were at least $400, then you must file a return to pay self-employment tax. You are self-employed if you carry on a trade or business as a sole proprietor, a member of a partnership or an independent contractor. This includes certain part-time work that you do at home or in addition to your
regular job. This rule applies regardless of your age, whether you are receiving Social Security benefits, and even if you are otherwise not required to file a federal tax return.

Notably, if income tax over the amount of tax owed was withheld from your pay, then you should file a return so that you can get a refund of the tax withheld.

**Exemptions from Federal Income Tax**

Certain types of income are taxed while others are not. Taxable income includes wages from a job, annuity payments from certain types of pension plans, tips, dividends and interest paid to you. Under certain conditions, part of your Social Security benefits may be taxed. Non-taxable sources of income include veterans’ benefits and certain insurance benefits.

**Social Security Benefits**

Your Social Security benefits may be exempt from taxation depending on the amount of other income you received. Basically, there are two steps to determining if Social Security benefits are taxable.

(1) The first step is to determine whether your “provisional income” exceeds a certain “base amount.” The provisional income is the sum of your modified adjusted gross income plus one-half of your Social Security benefits. Generally, if this is greater than $25,000 for single persons and $32,000 for married persons filing jointly, the benefits would be subject to the tax. (Special rules would apply for a married individual filing a separate return who doesn’t live away from his spouse—the threshold would be $0.)

(2) The next step is to determine the amount of tax. The tax would be imposed on one-half of benefits or one-half the amount raising income above the income threshold, whichever is less.

**Pensions and Tax**

Federal tax on pension income depends upon whether the pensions are financed in part by contributions from workers. Pension income from pensions funded totally by employers (as is the case with most private pensions) is completely taxable. In those cases where individuals contributed to the cost of their pension plan, taxation depends upon the amount of their contributions and the time period in which the workers’ contributions have been paid back in benefits. Once a beneficiary has received payments that equal that beneficiary’s contributions, the pension income becomes fully taxable.

**Lump-Sum Distributions**

Some participants in qualified plans may be able to take a lump-sum distribution of the balance remaining in their qualified plans. Special rules apply to these distributions, so it would be wise to consult a tax advisor if you are considering receiving a lump sum distribution, especially if you were born before 1936 (The Tax Reform Act of 1986 made substantial changes to how lump-sum distributions are taxed and provided transition rules for those reaching age 50 before 1986. Specifically, someone who has attained age 50
before 1986 can elect to tax one lump-sum distribution under 10-year averaging under rates in effect before the 1986 Act or under five-year averaging using rates in effect under the 1986 Act.

**Personal Exemptions**

Under the federal tax code, all taxpayers and dependents receive a personal exemption. The amount of personal exemption for each family member (in 2005) is $3,200.

**Standard Deduction**

In addition to the personal exemption, one standard deduction is allowed per return. The standard deduction is subtracted from your income. The standard deduction is computed by adding the basic standard deduction to any additional standard deductions you may be eligible to receive.

The amount of the standard deduction is
- $6,000 for single persons aged 65 and over,
- $11,000 for married couples with one spouse aged 65 and over and
- $12,000 for married couples where both are aged 65 and over.

For those under age 65, the standard deduction equals $5,000 for single filers; $10,000 for married couples; and $7,300 for heads of household.

An additional standard deduction of $1,000 is available to taxpayers or their spouses who are blind (single, unmarried taxpayers may claim $1,250 instead of $1,000). For example, a husband over the age of 65 and a wife over age 65 who is blind would have a standard deduction for 2005 of $13,000:

\[
\begin{align*}
\text{$10,000$ standard deduction for married filing jointly} \\
+ \text{$1,000$ additional exemption for husband, who is over 65} \\
+ \text{$1,000$ additional exemption for wife, who is over 65} \\
+ \text{$1,000$ additional exemption for husband, who is blind} \\
\text{$13,000$}
\end{align*}
\]

NOTE: If the total of your itemized deductions is greater than the standard deduction, you will deduct the total amount of your itemized deductions instead of the standard deduction.

**Medical Expenses**

If you decide to itemize your personal deductions, you will want to include medical expenses. Expenses that are deductible include doctor and hospital bills, medical and hospital insurance costs, medicines, drugs (only prescribed drugs or insulin), hearing devices, nursing expenses, equipment such as home elevators for the physically disabled, transportation costs to and from medical care, nursing home expenses (if placement in the home is necessary for medical care) and lodging expenses incurred during specialized medical treatment away from home. Transportation costs, if you drive your own car, are deductible up to nine cents per mile.
Parking and tolls may be added to the amount.

Medical expenses that exceed more than 7.5 percent of your adjusted gross income may be deducted. You may not take a deduction if your expenses are less.

If Medicare or some other insurance program pays for a portion of your medical costs, you can only deduct that amount that you pay. You can deduct the amount you pay each month for your Medicare Part B coverage and other hospital or medical insurance you carry.

Other Deductions & Exclusions

You do not have to pay federal income tax on money or property you receive as a gift or as inheritance or as life insurance proceeds because of someone's death.

Sale of Your Personal Residence

Generally, the sale of an asset that has increased in value would produce gain, which would typically be subject to tax. However, you may exclude from your gross income some or all of your gain from the sale or exchange of your principal residence if you meet certain age, ownership and occupancy requirements at the time of the sale or exchange. You may be able to exclude up to $250,000 of gain ($500,000 for joint filers) from the sale of your home if you owned and lived in it as your primary residence for two of the five years before the sale. For more detailed information, see IRS Publication 523, which describes the procedures and forms to be used in reporting the sale of your principal residence.

Individual Retirement Arrangements (IRAs)

If you are not an active participant in an employer-maintained retirement plan, you may be able to make deductible contributions of up to $4,000 to an IRA, depending on your adjusted gross income (AGI) (if you are 50 or over, you may deduct up to $4,500). This applies even if you are married and file a joint return, provided your spouse is not also covered under an employer's plan (if you file separate returns, one spouse's participation in the plan will not affect the other spouse).

If you do participate, or if you file a joint return and your spouse participates in an employer’s retirement plan, the dollar limit on your IRA deduction may be reduced, depending on the amount of your adjusted gross income and whether that income falls within a “phaseout” level. Also, note that rules concerning IRAs can be complicated, so you are well advised to consult a tax professional with questions in this area.

Earned Income Tax Credit

The earned income credit (EITC) is a tax credit for certain people who work and have earned less than $37,263 in 2005 (or less than $13,750 of income, including spouse’s income, if there are no qualifying children). The EITC is a refundable credit, which means that it can result in a refund to you if it exceeds your tax liability.
To claim the EITC on your tax return, you must have earned income from employment or from self-employment, and you must meet other requirements. You must be a U.S. citizen or resident alien all year, or a nonresident alien married to a U.S. citizen or resident alien and filing a joint return, and you must have a valid Social Security number. In addition, your filing status cannot be married, filing separately.

If you do not have a qualifying child, you must be age 25 but under 65 at the end of the year, live in the United States for more than half the year, and not qualify as a dependent of another person. If you are married filing a joint return, either you or your spouse must be at least age 25 but under age 65 at the end of 2005. It does not matter which spouse meets the age test, as long as one of the spouses does.

**Elderly Disability Income Credit**

A tax credit is available to those who are age 65, as well as those who are under 65 and (1) retired with a permanent and total disability and (2) receive disability income from an employer. “Permanently and totally disabled” means that the individual is prevented from engaging in any substantial gainful activity because of a medically determinable physical or mental impairment that can be expected to result in death or that has lasted, or is expected to last, for a continuous period of more than a year.

The credit equals up to 15 percent of the first $5,000 of income for single persons or $7,500 for married couples filing jointly. These amounts are reduced by the amount of Social Security, Railroad Retirement or other tax exempt pension income received by the beneficiary and by one-half of the taxpayer's adjusted gross income over $7,500 for individuals and $10,000 for married couples filing a joint return.

**Child & Dependent Care Tax Credit**

This provision is designed to assist working adults who are caring for a dependent, such as a child or a disabled spouse, and incur dependent-care expenses in order to be gainfully employed.

Several eligibility criteria must be met in order to qualify for the credit. The person receiving the care must live with the taxpayer for more than half of the year. The care recipient must be in the taxpayer's home at least eight hours a day, and the caregivers must be working or seeking work.

The amount of employment-related expenses that may be claimed is between 20 percent and 35 percent, depending on the taxpayer's adjusted gross income. For any taxpayer, the maximum credit that may be claimed is $3,000 for one qualifying individual and $6,000 for two or more individuals. The credit is claimed on IRS Form 2441.

**South Carolina Income Taxes**

South Carolina taxes individual income at rates between 2.5 percent and 7 percent, depending on income level. The state's income tax structure generally conforms to the federal income tax laws. Your federal taxable income is the starting point in determining your state income tax liability. South Carolina accepts the adjustments, exemptions and
deductions allowed on your federal return with few modifications.

**Retirement Income Deduction**

An individual taxpayer who is the original owner of a qualified retirement account may deduct up to $3,000 of retirement income from South Carolina taxable income until reaching age 65. After reaching age 65, the taxpayer may deduct up to $10,000 of retirement income annually.

A surviving spouse is allowed a deduction for income received from his or her retirement plan, if any, and a second deduction for any retirement income attributed to the deceased spouse.

**Deduction for Taxpayers 65 and Older**

Residents who reach age 65 by the end of the tax year can claim a deduction of up to $15,000 against any South Carolina income. This is reduced by any retirement income deduction (see previous section); however, amounts deducted as a surviving spouse do not reduce the deduction. Taxpayers filing a joint return are allowed a deduction of up to $15,000 when only one spouse is 65 or over and up to $30,000 when both spouses are 65 or older.

**Credit for Nonresident Retirement Contributions**

If the right to receive retirement income by a taxpayer who is allowed the retirement income deduction was earned by the taxpayer while residing in another state that imposed state income tax on the employee's contributions, a credit is allowed against the taxpayer's South Carolina income tax liability in an amount sufficient to offset the taxes paid the other state. Taxes paid on qualified retirement income contributions while residing in a state other than South Carolina may qualify for a credit. This credit must be claimed over the taxpayer's lifetime. The Department of Revenue specifies the amount of the annual credit based on the taxpayer's life expectancy at the time the taxpayer is allowed the South Carolina retirement income deduction described above. The total credit allowed may not exceed an amount determined by multiplying the contributions taxed in each year by the marginal South Carolina individual income tax rate for that year.

**Disability Retirement Income Deduction**

If a person may not qualify for the homestead exemption because of total and permanent disability, that person may deduct the amount of income received for disability retirement due to permanent and total disability.

**Capital Gains Deduction**

Up to 44 percent of capital gain recognized is deductible from South Carolina taxable income. This includes capital gains and losses from partnerships and S corporations.
**Exclusion of Social Security Benefits**

Social Security benefits are not taxed in South Carolina.

**Credit for Dependent Care Expenses**

A taxpayer may claim a credit for expenses paid for household services and care of a disabled spouse incapable of self-care or a disabled person incapable of self-care claimed as a dependent. The expenses must be incurred while the taxpayer works or looks for work during the tax year. The credit is similar to the federal dependent care credit; however, the credit amount is seven percent. Further, only expenses that are directly attributable to items of South Carolina gross income qualify.

**Credit for Nursing Facility or In-Home Care**

Up to 20 percent of expenses paid by a taxpayer for his own support or for the support of another for nursing facility care may be claimed as a credit against income, up to a limit of $300. The care may also be provided as in-home or community care for persons determined to meet nursing facility level of care criteria as certified by a licensed physician.

**Credit for Married Wage Earners**

A two-wage earner credit allows married couples to take a credit if both spouses work. Married individuals filing a joint return claim a credit against South Carolina income tax equal to seven-tenths of 1 percent (.007) of the lesser of (1) $30,000 or (2) the South Carolina qualified earned income of the spouse with the lower qualified earned income.

**Credit for Income Taxes Paid to Another State**

South Carolina provides an income tax credit to residents for taxes paid to another state on income which also is subject to tax in South Carolina. The credit is allowed for taxes paid to the other state on income derived from sources within the state, which is taxed under the laws of that state irrespective of the residence of the taxpayer.

**Property Tax**

Generally, all real property and personal property in South Carolina is subject to property taxes unless an exemption applies. For property tax purposes, real property means not only land, but also things therein attached to the land, also known as fixtures. For example, docks, greenhouses, mobile homes, and sprinkler systems are considered real property. Personal property consists of things other than real estate that have any monetary or pecuniary value, such as automobiles, boats, boat motors, and recreational vehicles.

**Exemptions from Property Tax**

Some types of property exempt from South Carolina property taxes include intangible personal property; household goods and furniture used in the owner’s home; apparel; and watercraft trailers.
Assessment and Collection of Property Taxes

Property taxes are generally assessed and collected by local governments, and most property taxes are used to support public education. Property located in a county is taxed by that county. Also, municipalities and special purpose districts may levy property taxes on property located within their boundaries.

The amount of property tax due is based upon three elements: (1) the property value, (2) the assessment ratio applicable to the property and (3) the millage rate imposed by the taxing jurisdiction.

Valuation

Most real property (other than agricultural use real property) is appraised at fair market value. Real property is typically reassessed every five years. Motor vehicles, boats and airplanes are valued in accordance with nationally recognized publications of value (except that the value may not exceed 95 percent of the prior year's value). Discounts are allowed for motor vehicles with high mileage.

Assessment Ratio

The assessment ratios range from 4 percent to 10.5 percent. A person's primary residence is assessed at 4 percent, other personal use real property is assessed at 6 percent, and personal motor vehicles (other than certain motor homes) are assessed at 7.50 percent (in 2005). This assessment ratio on personal motor vehicles is being reduced annually by .75 percent until it reaches a 6 percent assessment ratio in 2007. The value is multiplied by the applicable ratio to produce the “assessed value” of the property.

Millage

Annually, each taxing entity, including each county and municipality, determines the amount of money it needs to operate the following tax year. The total assessed value of property subject to tax within its jurisdiction is then multiplied by whatever number of mills required to raise the money necessary to operate. (A mill is a unit of monetary value equal to one-thousandth of a dollar, or .001.)

Assessment of Residential Property

A person's primary residence and up to five contiguous acres is taxed at an assessment of 4 percent of the fair market value. (A person's second home or vacation home is taxed at an assessment ratio equal to 6 percent.) A motor home may qualify as a primary or secondary residence for property tax purposes.

Exemptions for Residential Property

If you have a primary residence in South Carolina, you may be eligible for the Homestead Exemption for School Operating Costs or the Homestead Exemption for Elderly, Blind or Disabled. These are administered by county auditors and the South Carolina Comptroller General.
Homestead Exemption for School Operating Costs

Each homeowner is allowed an exemption of up to $100,000 of the home’s fair market value from property taxes for school operating costs. The amount of the savings will vary depending upon the millage rate for school operating costs in the school district where you live. This exemption applies only to your legal residence, not to second homes, vacation homes or rental homes. No application is needed for this exemption. It will automatically be reflected in your tax bill.

Homestead Exemption for Elderly, Blind or Disabled

If you are 65 or older, totally disabled or legally blind and have lived in South Carolina for at least one year, you may qualify for the homestead exemption. The homestead exemption excludes the first $50,000 from the fair market value of your legal residence. Application for the homestead exemption should be made at the county auditor’s office.

Sales and Use Tax

The State of South Carolina imposes a sales and use tax of five percent, and proceeds are used exclusively to fund the public school system. The sales tax applies to the retail sale, lease or rental of tangible personal property, and the use tax applies to the storage, use or consumption of tangible personal property purchased at retail in another state. (A credit is given against the use tax due in South Carolina for any state and local sales or use tax due and paid in another state.) Prescriptions, dental prosthetics and hearing aids are exempt from the sales tax. A maximum sales tax of $300 is imposed on the purchase of motor vehicles, including recreational vehicles, boats, motorcycles and airplanes.

Additionally, local governments in South Carolina may also levy local sales and use taxes, local accommodations taxes or local hospitality taxes on sales of prepared meals. For example, in certain counties, a local option sales and use tax of 1 percent is imposed in addition to the 5 percent state rate.

Estate Tax

The South Carolina estate tax has been effectively eliminated by the repeal of the federal estate tax. South Carolina’s estate tax is calculated in an amount equal to this federal credit for state death taxes. (Most other state estate tax laws follow the same structure, which allows the states to receive estate taxes that would have otherwise gone to the federal government.) Prior to 2005, under federal law, a dollar-for-dollar credit was allowed against federal estate tax liability for the amount of any state death taxes. The federal Economic Growth and Tax Relief Reconciliation Act of 2001 reduced and then eliminated the state death tax credit as a credit against the federal estate tax. For example, for deaths occurring in 2004, 75 percent of the state death tax credit was disallowed, and 100 percent of the credit is disallowed from 2005 until 2011. Unless Congress acts, the estate tax would come back in 2011; the federal act that effectively eliminated the state’s estate tax contains a sunset provision, which means the act would be repealed in 2011.
**Gift Tax**

The state gift tax was repealed effective December 31, 1991.

**Resources for Additional Tax Information**

**Internal Revenue Service**

If you have questions specifically relating to your federal taxes, you may obtain free information from the Internal Revenue Service (IRS). The IRS maintains a toll-free tax assistance telephone number (1 (800) 829-1040), a Web site (www.irs.gov) and local offices to assist individuals with their taxes.

**AARP**

The AARP also offers tax counseling for the elderly at more than 9,000 sites nationwide each filing season through its Tax-Aide counseling program. The AARP phone number is 1 (888) 227-7669. Its Tax-Aide counseling program Web site is www.aarp.org/money/taxaide/.

**South Carolina Department of Revenue**

More detailed information on South Carolina Income Taxes may be found on the South Carolina Department of Revenue's Web site (www.sctax.org). The Department of Revenue also maintains six offices to assist South Carolina taxpayers:

**Charleston Service Center:**
3 Southpark Circle
Suite 202
Charleston, SC 29407
Phone: (843) 852-3600
Fax: (843) 556-1780

**Columbia Main Office:**
301 Gervais Street
P.O. Box 125
Columbia, SC 29214
Phone: (803) 898-5000
Fax: (803) 898-5822

**Florence Service Center:**
1452 West Evans Street
P.O. Box 5418
Florence, SC 29502
Phone: (843) 661-4850
Fax: (843) 662-4876
Volunteer Income Tax Assistance (VITA) Program

Each year during tax season, low income, elderly and disabled taxpayers can receive free income tax return help at the South Carolina Department of Revenue's headquarters located at 301 Gervais Street. The free Volunteer Income Tax Assistance (VITA) service is available on a first come, first serve basis and runs from mid-January through mid-April. VITA volunteers receive training to help prepare basic tax returns for qualified taxpayers. While volunteers are available to prepare state and federal long and short forms, taxpayers with more complicated needs may be referred to a professional.

Taxpayers wishing participate in the VITA program should bring the following:

- photo identification
- Social Security numbers for you, your spouse and dependents
- birth dates for primary, secondary and dependents on the tax return
- current year’s tax package if you received one
- wage and earning statement(s) Form W-2, W-2G, 1099-R, from all employers
- interest and dividend statements from banks (Forms 1099)
- a copy of last year's federal and state returns, if available
- bank routing numbers and account numbers for direct deposit
- other relevant information about income and expenses
- total paid for day care and the day care provider's identifying number
- To file taxes electronically on a married filing joint tax return, both spouses must be present to sign the required forms.

Additional VITA sites are located throughout the state in malls, churches, libraries and
many other convenient locations. Many locations offer electronic filing, allowing taxpayers to receive a state or federal refund in about two weeks. To learn more about additional VITA sites located throughout the state, please call the IRS at 1 (800) 829-1040.

B. SOCIAL SECURITY

Social Security has been a basic part of American life for 70 years. It is more than a retirement program. It is known as the “American’s Family Protection Plan” for those who have paid for coverage through payroll deductions or self-employment taxes. It provides a base of economic security in today’s society through three basic categories of benefits: retirement, disability and survivor benefits. Rules, payment schedules and qualifications for each are distinct. The following are brief highlights of each program.

Retirement Benefits

Individuals and their dependent family members are eligible for retirement benefits if the worker has earned enough work credits. When you work and pay Social Security taxes, you earn “credits” toward Social Security benefits. The number of credits needed to get retirement benefits depends on when you were born. If you were born in 1929 or later, you need 40 credits (10 years of work). No retirement benefits can be paid to the worker until he or she has the required number of credits. You first become eligible to claim retirement benefits as early as age 62 if retiring before full retirement age, but benefits will be permanently reduced. The “full retirement age” is 65 for those who were born before 1938. But because of longer life expectancies, the Social Security laws have changed to gradually increase the full retirement age until it reaches age 67. This change affects people born in 1938 and later.

Disability Benefits

Social Security pays benefits to individuals who cannot work because they have a medical condition that is expected to last at least one year or result in death. Federal law requires this definition of disability and a favorable medical decision before benefits are paid. While some programs give money to people with partial disability or short-term disability, Social Security does not.

Benefits are only payable to individuals and their family members when enough work credits have been earned to qualify. The number of work credits required depends on an individual’s age when he becomes disabled. Two different earnings tests must be met:

1. A “recent work” test based on your age at the time you became disabled; and
2. A “duration of work” test to show that you worked long enough under Social Security.

Survivor’s Benefits

Social Security not only provides benefits to the worker, but also to his or her family when the worker dies. The number of credits needed for a family to be eligible for survivor benefits depends on the age of the worker when he dies. However, not every surviving family member can collect these benefits.
• Widows or widowers can receive full benefits at age 65 or older (if born before January 2, 1940) or reduced benefits as early as age 60. (The age for receiving full benefits is increasing for widows and widowers born after 1939 until it reaches age 67 for people born in 1962 and later.) Disabled widows or widowers can apply for benefits at age 50.
• Widows or widowers can receive benefits at any age if caring for the worker’s child age 16 or younger or who is disabled.
• Unmarried children under age 18 (or up to age 19 if attending elementary or secondary school full time) receive benefits as well as disabled children of any age if disabled before age 22 and remain disabled. In some cases, benefits are paid to stepchildren and grandchildren.
• Surviving divorced spouse age 60 or older (50-60 if disabled) can receive benefits if marriage lasted at least 10 years.
• Surviving divorced spouse at any age can receive benefits if caring for minor or disabled natural or legally adopted child of the worker.
• Dependent parents age 62 or older receive benefits. (For parents to qualify as dependents, the worker would have had to be providing at least one-half of their support before death.)

Survivor’s benefits paid to a divorced spouse will not affect the benefit rates for other survivors receiving benefits.

One-time Death Payment

There is a one-time payment of $255 that can be made when the worker dies if he or she has worked long enough. This payment can be made only to the spouse or minor children if they meet certain requirements.

How Much Are Benefits?

The amount a family can receive from Social Security depends on the average lifetime earnings of the worker. That means the more an individual earn, the more their benefits will be. Each year, about three months before your birthday, every worker age 25 or older will receive a Social Security statement. It can be a valuable tool to help plan a secure financial future. It provides a record of your earnings and gives estimates of what Social Security benefits would be at different retirement ages.

It also gives an estimate of the disability benefits that could be received if an individual becomes disabled before retirement, as well as estimates of the survivor benefits Social Security would provide a spouse and eligible family members when an individual dies.

Medicare

Medicare is our country’s health insurance program for people age 65 or older. Certain people younger than age 65 can qualify for Medicare, too, including those who have disabilities and those who have permanent kidney failure or amyotrophic lateral sclerosis (Lou Gehrig’s disease). The program helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care.
Medicare is financed by a portion of the payroll taxes paid by workers and their employers. It also is financed in part by monthly premiums deducted from Social Security checks. The Centers for Medicare & Medicaid Services is the agency in charge of the Medicare Program.

Medicare has four parts:

- Hospital insurance (Part A) that helps pay for inpatient care in a hospital or skilled nursing facility (following a hospital stay), some home health care and hospice care.
- Medical insurance (Part B) that helps pay for doctors' services and many other medical services and supplies that are not covered by hospital insurance.
- Medical Advantage (Part C), formerly known as the Medicare + Choice plan, is available in many areas. People with Medicare Parts A and B can choose to receive all of their health care services through one of these provider organizations under Part C.
- Prescription drug coverage (Part D) that helps pay for medications doctors prescribe for treatment.

You can get more detailed information about what Medicare covers by calling the Medicare toll free number, 1 (800) MEDICARE (1 (800) 633-4227), or go to www.medicare.gov.

If you are deaf or hard of hearing, you may call TTY 1-877-486-2048.

For additional information on Medicare, please refer to the Medicare section addressed in part one of this publication.

C. SUPPLEMENTAL SECURITY INCOME

Supplemental Security Income (SSI) is a federal benefit program designed to make monthly payments to individuals who have low income and few resources. To get SSI, one must be 65 or older, blind or disabled. Children as well as adults may qualify for SSI disability payments.

Individuals who receive SSI are automatically eligible for Medicaid. SSI is paid to eligible individuals only, not to family members or survivors. Although operated by the Social Security Administration, SSI is very different from Social Security in that benefits are based on need rather than on the amount paid into the program. SSI payments are financed through general tax revenues, not through Social Security taxes. The amount of SSI payments received depends on income and resources.

**Income**

Income includes money earned, Social Security benefits, pensions and the value of items received from someone else, such as food and shelter.

Where one lives affects the amount of income that can be received each month and still get SSI. Different states have different rules.
**Resources**

You may be eligible for SSI if resources (the things owned) are worth no more than $2,000 for a person or $3,000 for a couple. Not everything that is owned is counted when deciding SSI entitlement. For example, usually your home and car are not counted. Usually cash, bank accounts, stocks and bonds are counted.

**U.S. Resident Requirement**

You must live in the United States or Northern Mariana Islands to get SSI. If you are not a U.S. citizen, but a resident, you may be able to get SSI.

To get SSI, you must apply for any other cash benefits available.

**When and How to Apply for Benefits**

When you are thinking about retirement, talk to a Social Security representative in the year before planning to retire. It may be advantageous to begin receiving retirement benefits before you actually stop working. Apply for Social Security or SSI disability benefits if you become disabled to work. You should apply for Medicare three months before you reach age 65 even if you plan to continue working.

When filing for benefits, submit original or certified documents that show you are eligible, such as a birth certificate for each family member applying for benefits, a marriage certificate if your spouse is applying and your most recent W-2 form (or tax return if you are self-employed).

**Contacting Social Security**

For more information and to find publications online, visit the Social Security Web site at www.socialsecurity.gov or call toll-free 1 (800) 772-1213 (for the deaf or hard of hearing, call 1 (800) 325-0778). Some specific questions and information can be provided by automated phone service 24 hours a day.

**D. RAILROAD RETIREMENT**

The Railroad Retirement system provides railroad workers with retirement, disability and survivor benefits under rules similar to Social Security. There may also be a supplemental retirement annuity and, for some people, the possibility of collecting both Railroad Retirement and Social Security benefits. Railroad Retirement annuities are reduced by the amount of the Social Security benefit that the beneficiary receives.

**Benefits and Eligibility Criteria**

Under the Railroad Retirement Act (RRA), monthly cash retirement and disability benefits are paid to railroad workers with at least 10 years (120 months) of service. Retirement and certain disability benefits are also payable to workers with five years (60 months) of service if such service was performed after 1995.
Full age benefits are payable at age 60 to workers with 30 years of service. For those with less than 30 years of service, reduced benefits are payable at age 62, and unreduced benefits are payable at full retirement age. Full retirement age ranges from age 65 for those born before 1938 to age 67 for those born in 1960 or later, the same as Social Security.

**Disability**

There are two types of disability benefits under the RRA. Both require a 5-month waiting period before the benefits begin.

Occupational disability benefits are available at age 60 if the worker has at least 10 years of railroad service or at any age if the worker has at least 20 years of service. An occupational disability is one that prevents a person from performing the job with the railroad. It does not necessarily prevent work of some other kind. It is required that the person must also have a current connection with the railroad industry for an occupational disability. The current connection requirement is generally met if the employee's last regular employment before retirement or death was in the railroad industry.

Total disability benefits are based on permanent disability for all employment and are payable at any age to employees with at least 10 years of railroad service, and under certain conditions to employees with five years of service after 1995.

**Survivor Benefits**

Annuities are payable to widows, widowers and unmarried children. In certain cases benefits are also payable to parents, remarried widow(er)s, grandchildren and surviving divorced spouses. Eligibility for survivor benefits depends on whether the railroad employee was “insured” under the RRA at the time of death. An employee is insured if he or she has at least 10 years of railroad service, or five years performed after 1995, and a “current connection” with the railroad industry.

**Applying for Benefits**

For additional information and application for benefits, you should contact the nearest Railroad Retirement Office.

**Appeals**

Persons who believe that their claims have not been adjudicated correctly may ask for a reconsideration by the Board's Office of Programs. If not satisfied with that review, the applicant may appeal to the Board's Bureau of Hearings and Appeals. Further appeals can be carried to the three-member board itself and beyond the board to federal courts. The board's district personnel will explain these appeals procedures and the time limits on filing appeals to those seeking reconsideration of their claims.

**E. VETERANS BENEFITS**

The Veterans Administration (VA) operated a number of programs providing financial,
medical and other assistance to veterans. For older Americans who received an honorable or general discharge, there are three major benefit programs:

1. disability compensation;
2. veterans' pensions; and
3. free or low-cost medical care through VA hospitals and medical facilities.

A “veteran” is a person who served in the U.S. Armed Forces and in some cases with the U.S. Public Health Service. Various eligibility criteria apply to veterans’ benefits; some relate to the spouses, children and parents of veterans.

**Disability Compensation**

This benefit applies when medical or psychiatric evidence shows that a veteran experienced a disease or injury that originated, or was significantly aggravated, while on active duty status. Vocational rehabilitation and other associated benefits may apply.

**Pension Benefits**

This program furnishes support for veterans with limited incomes who had 90 days or more active military service, at least one day of which was during a wartime period. They must also be permanently and totally disabled with a non-service connected disability that is not due to willful misconduct.

**Medical Care**

The VA maintains a national system of hospitals and clinics providing medical and psychiatric care. Some nursing home care is also available in certain circumstances. Priority is given to veterans needing care for officially recognized service connected disability conditions. Other veterans are considered for treatment on a first come, first serve basis.

**Counseling**

Every veteran and immediate family members should obtain a basic briefing and/or literature concerning VA benefits. The VA general telephone number is 1 (800) 827-1000 (statewide).

**Death Benefits**

Death benefits may include a free grave marker, burial in national cemeteries or state veterans cemetery, burial payments, continuing benefits for some survivors, VA life insurance and a flag.

**Loans**

The VA also administers a home loan guarantee program for veterans. The Small Business Administration administers a veterans' business loan program.
A number of VA education plans are offered that have time limits on their use. A plan also exists for the eligible spouses and children of veterans who die of a service related cause or are considered 100 percent permanently and totally disabled due to military service.

Additional Information

For applications and additional information, contact the Veterans Administration Regional office or the S.C. Office of Veterans Affairs for assistance. The addresses and telephone numbers are listed in the Community Resources section of this publication.

F. OPTIONAL SUPPLEMENT PROGRAMS

FOOD STAMPS (Department of Social Services)

Program Information

For more than 30 years, the Food Stamp Program has served as the foundation of America's national nutrition safety net, working to end hunger and improve the health of low-income people by helping families buy the food they need for a nutritionally adequate diet.

In South Carolina more than 100,000 households depend on the Food Stamp Program each month to get the food they need for good health.

For children, a better diet means better learning in school. For adults, it means better performance on the job or a better foundation for developing the job skills that can give them and their families independence. For seniors, it means access to a balanced diet vital to their nutritional well-being.

For everyone, participation in the Food Stamp Program can help stretch limited budgets, improve nutrition and reduce the risk of diet-related health problems.

Families, people living alone, and people living with roommates use food stamps. People who are homeless can get food stamps, too. People of all ages use food stamps.

You do not need to be receiving Family Independence or to be out of work in order to get them. People who are working or have regular income form other sources than work, such as Social Security or a retirement pension, disability benefits, child support or unemployment, can often get food stamps.

If you are applying for food stamps, the amount of benefits you receive will depend upon the number of people in your food stamp household, your household’s total monthly income and certain household monthly expenses.

You may complete an application form for food stamps at your local Department of Social Services (DSS) or you may use the application form found on the DSS Web site and deliver, mail or fax the application to your local DSS office.
Food Stamp Program benefits give a person or family more buying power at the grocery store. The benefits are not intended to cover all of a family’s food costs, but will lessen the amount of income that must be used toward groceries each month.

Food Stamp Program eligibility and benefits are based on several factors, including:

- the number of people who live in a household and buy food and prepare meals together; and
- how much money your family has left from its monthly income after certain household expenses are subtracted.

Once household eligibility is determined, your approved food stamp benefits will be deposited into an account each month. The account is accessed by using an Electronic Benefits Transfer (EBT) card. The EBT card acts as a debit card. Each time you use your card, your account will be reduced by the cost of the groceries you buy.

For more information concerning the Food Stamp Program, contact your county DSS office.

**Additional Information**

USDA Food Stamp and Nutrition Assistance toll-free hotline: 1 (800) 221-5689

Resource: “Preparing Nutritious Meals at Minimal Costs.” Provides information on how to prepare healthy meals on a tight budget. The booklet contains two sample meal plans (two weekly menus, 40 recipes and two food lists), tips for nutritious meals at minimal costs and a resource list for additional information. You can download the booklet from the Center for Nutrition Policy and Promotion Web site at www.usda.gov.

**LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM**

The Low Income Home Energy Assistance Program (LIHEAP) was authorized by Title XXVI of the Omnibus Budget Reconciliation Act of 1981 and began in 1982. Its purpose is “to assist low-income households, particularly those with the lowest income, that pay a high proportion of household income for home energy, primarily in meeting their immediate home energy needs.”

Federal dollars for LIHEAP are allocated by the U.S. Department of Health and Human Services to the states as a block grant and are disbursed under programs designed by the individual states.

The LIHEAP Clearinghouse provides free telephone and e-mail referrals to people who want to know where to apply for low-income energy assistance. Those seeking help can call the National Energy Assistance Referral (NEAR) project toll-free at 1 (866) 674-6327 from 8 a.m. to 6 p.m. (Eastern Time) or e-mail energyassistance@ncat.org.
LOCAL ENERGY AND UTILITY PROVIDERS

Often, energy and utility service providers have programs in place to assist lower income families in times of need. Contact your local utility service provider or visit its Web site if you have Internet access, to determine if the service provider participates in any community or need based assistance programs.

Additionally, the LIHEAP program referred to above may be able to refer you to a local need based assistance program or to a program in which your service provider participates.
A. STATE OFFICE ON AGING OVERVIEW

The Lieutenant Governor’s Office on Aging is South Carolina’s “State Unit on Aging” and administers federal funds received through the Older Americans Act. The General Assembly and the governor transferred responsibility for South Carolina’s Older Americans Act programs to the Lieutenant Governor on July 1, 2004. The Lieutenant Governor’s Office on Aging works with a network of regional and local organizations to develop and manage programs and services to improve the quality of life of South Carolina’s older citizens and to help them remain independent in their homes and communities.

The mission of the Lieutenant Governor’s Office on Aging is to enhance the quality of life for seniors through advocating, planning and developing resources in partnership with state and local governments, non-profits and the private sector, individuals and advocates to meet the present and future aspirations of the growing senior population. Among the goals of the Lieutenant Governor’s Office on Aging are to improve the quality and length of healthy life for South Carolina’s senior population and to improve protections for South Carolina’s adults.

DIVISIONS

Planning and Education
This division is responsible for the development and implementation of state planning activities, including the integration of area plans and the State Plan on Aging, and for collection, analysis and publishing of statistical data on older citizens of South Carolina through the Advanced Information Manager (AIM) system and Mature Adults Count. This division is also responsible for the development and implementation of a statewide program of education and information for the public, program administrators and regional sub-grantees/contractors. Training activities are provided primarily through the annual Summer School of Gerontology and the statewide Conference on Aging.

Aging Network Services
This division is responsible for a broad array of program services directed toward enhancing the quality of life for older persons and assisting Area Agencies on Aging in carrying out their responsibilities. These services include consultative services in nutrition, in-home and community-based care, wellness, employment, housing and transportation services and development of volunteer opportunities. This division is also responsible for the statewide Medicare Fraud Patrol project and the I-CARE insurance counseling program.

Consumer Information and Caregiver Support Services
This division is responsible for the Family Caregiver Support program, the South Carolina Alzheimer’s Resource Coordination Center (ARCC) and the SC Access program. The Family Caregiver Support program provides information, assistance, counseling, respite and supplemental services to caregivers of older adults and older relatives caring for children under 19. The ARCC is a state-funded program to provide grants for innovative...
approaches to assist caregivers of persons with Alzheimer's disease.

**Elder Rights Division**
The State Long Term Care Ombudsman directs this division, which is responsible for the implementation, training and evaluation of the statewide long term care ombudsman program at the AAAs and the development of legal assistance services throughout the state. Promotion of advanced directives, living wills, health care power of attorney and abuse prevention are other division responsibilities.

**PROGRAMS AND SERVICES**

These services are coordinated by the Lieutenant Governor's Office on Aging and the Regional Area Agencies on Aging. County Councils on Aging and other agencies or organizations provide many of the services listed below at the local level under contract with a Regional Area Agency on Aging. The federal government requires that direct services funded in part or in full with federal tax dollars under the Older Americans Act be competitively procured through an open bidding process to ensure that taxpayer dollars are being spent as efficiently as possible.

For more information or help finding any of the services listed in this section in your community, please refer to the telephone numbers listed in the back of this guide for the Regional Information Referral and Assistance program that serves the county you live in, or contact the State Aging Office at 1 (800) 868-9095.

**Advanced Directives Program** - The Office on Aging is the lead agency for providing information on advance directives. South Carolina utilizes both the living will, the five wishes and health care power of attorney documents to assist its citizens in planning for end-of-life care. State law requires that living wills executed in hospitals and skilled nursing care facilities be “witnessed by a long term care ombudsman.” The Office on Aging oversees this program and trains volunteers who are designated by the state ombudsman.

**Adult Day Services** - These services are offered from four to 14 hours daily in community settings to support and encourage personal independence and promote social, physical and emotional well-being. They are designed for adults who require partial or complete daytime supervision while their caregivers are employed or otherwise need a break from their caregiving responsibilities. Providers must be licensed and inspected by the SC Department of Health and Environmental Control.

**Group Dining** - This program provides a nutritionally balanced meal five days per week to older adults at senior centers or other designated places. The program includes nutrition education and other activities designed to promote health and wellness.

**Disease Prevention and Health Promotion** - These activities are designed to maintain and/or improve health status; reduce risk factors associated with illness, disability or disease; delay onset of disease; preserve functional status; and manage chronic disease. Such activities include routine health screenings; nutritional assessment, counseling and follow-up; health promotion programs; physical fitness programs; and accident prevention activities. These activities occur in a variety of community settings, including senior centers.

**Elder Abuse Prevention** - Through training and public awareness, the Office on Aging works to improve understanding of factors related to abuse and to assist formal and informal caregivers of frail, vulnerable elderly persons in developing appropriate preventive measures.
**Employment Services** - Title V of the Older Americans Act funds the Senior Community Service Employment Program. This program provides training to persons 55 and over who are low-income to assist them in entering the job market or transitioning to other types of employment. Enrollees receive training and experience by working for non-profit organizations.

**Homebound Support** - These activities provide social contact for older persons who live alone or who are isolated. They are designed to provide an opportunity for socialization as well as a means for checking on safety and well-being.

**Home Care Services** - Home Care Services include a broad range of activities based on the level of need of the individual and that individual's primary caregiver. Activities provided by a home care aide include: housekeeping, shopping, meal preparation, personal care assistance with activities of daily living (e.g., bathing, dressing and toileting) as well as temporary respite for caregivers.

**Home-Delivered Meals** - The home-delivered meal program ensures the provision of at least one nutritionally sound meal five days per week to persons in their own homes to maintain a maximum level of health and prevent institutionalization.

**Information, Referral and Assistance** – The Information, Referral and Assistance system connects older adults and adults with disabilities to appropriate resources and services. Each Regional Area Agency on Aging in South Carolina has a certified IR&A Specialist on staff to help individuals locate and access needed services.

**Insurance Counseling (I-CARE) and Senior Medicare Patrol** - The Insurance Counseling Assistance, Referral and Education Program trains volunteers to provide free counseling related to health insurance and long term care insurance. The Senior Medicare Patrol program operates in tandem with the I-CARE program.

**Legal Assistance Services** - These services provided by an attorney give older adults access to the judicial system through advocacy, advice and representation, thereby protecting the older person's dignity, rights, autonomy and financial security.

**Long Term Care Ombudsman Program** - This program provides a statewide system for protecting the dignity and rights of vulnerable adults in long term care facilities. Ombudsmen investigate and resolve complaints against such facilities made by the resident or on behalf of the resident. Complaints include allegations of abuse, neglect and exploitation and issues of quality of care and resident rights. Regional Long Term Care Ombudsmen are located in the 10 Regional Area Agencies on Aging around the state (refer to the AAA listing in the “Community Resource Directory” section of this handbook to locate the regional office that serves your county) or contact the State Long Term Care Ombudsman in Columbia at 1 (800) 868-9095 for assistance.

**Respite Services** - Respite services provide assistance and relief from caregiving responsibilities. Services may be provided for individual caregivers in the home, in group settings or, for overnight or lengthier respite, in long term care facilities.

**Senior Center Activities** - Senior center activities include a broad range of group activities designed to address the social, recreational, physical fitness and educational needs of a diverse older population. These are activities above and beyond the services specifically contracted by the area agency.

**Transportation** - Older persons who do not have available transportation can travel to and from important activities via vehicles provided by the local aging service agency. Such activities include medical appointments, educational and social activities, shopping and travel to and from meal sites and social service agencies.

**Family Caregiver Advocate Program** - The Family Caregiver Advocates in each Regional Area Agency on Aging are available to help individuals who are caring for frail or
disabled adults over 60 years of age or individuals 60 and older who have responsibility for raising a child. The Family Caregiver Advocate Program can provide information about caregiver resources, support and advice, respite care, chore services, medical supplies and access to support groups, counseling and training.

**Alzheimer’s Resource Coordination Center** - The ARCC assists local communities in developing or strengthening programs or services to serve people with dementia and their caregivers by awarding seed grants to community organizations. As a condition to receiving a grant, the community or other entity must provide matching funds or in-kind contributions equal to the amount of funds awarded in the grant. The center also maintains resource materials, such as training videos and resource books on Alzheimer’s disease and related dementias, which are available for use by entities serving persons with Alzheimer’s disease and/or their caregivers. Technical assistance and training are provided through the center.

**I-CARE, Insurance Counseling Assistance and Referrals for Elders** - I-CARE provides health insurance counseling for Medicare, Medicare Supplements, Medicare Savings programs, Medicare Advantage Plans and Senior Medicare Fraud Programs. I-CARE counselors are located in the 10 Regional Area Agencies on Aging around the state (refer to the AAA listings in the “Community Resources Directory” section of this handbook to locate the regional office that serves your county).

**SC Access** - SC Access, a program of the Lieutenant Governor’s Office on Aging, is an information, referral and assistance system that provides a Web-based service directory and Regional Information and Referral Specialists to match individuals with programs and services designed to help seniors or adults with disabilities remain independent. SC Access has more than 12,000 “Service Records” in its system—individual snapshots for specific services with detailed program descriptions and information about cost, location, application procedures, contact telephone numbers and other valuable information—and more are being added every day.

- The SC Access database is available to anyone with access to the Internet at home, at a Senior Center, a public library or elsewhere simply by visiting the Web site at www.scacesshelp.org. For individuals who do not have access to a computer, or who would prefer speaking to someone by phone, there are 10 Regional Information, Referral and Assistance Specialists available to provide assistance.
- Agencies that are listed in SC Access include government-sponsored, non-profit and for-profit services in every county in South Carolina. From assisted living facilities to veteran’s benefits, SC Access lists it. There are also a variety of ways to search the system for what a person needs.

**Rental Assistance Program** - The Lieutenant Governor’s Office on Aging (LGOA) has also been awarded a grant from the South Carolina Housing Authority to administer an emergency rental assistance program throughout the state for persons age 60 and older and who are at 100 percent of the federal poverty level or below.

The program will remain in effect until June 30, 2007, or until a zero balance is attained. The LGOA will provide an evaluation with recommended changes six months into the program to the South Carolina Housing Authority.

Funding for the emergency rental assistance program is limited. Assistance is given on a first-come, first-served basis. All applicants should complete all sections of the application and provide proper documentation and identification. Any application that is not completed in its entirety could delay funds. Once an applicant is deemed eligible by the I & R Specialist and LGOA staff, funds will be sent directly to the property manager/landlord by the LGOA staff.
The IR Specialist will also try to determine why a senior is having difficulty paying his or her rent and other expenses, and he or she may also be referred to other programs for services such as employment and/or prescription drug coverage. The goal of the program is to meet the immediate need for shelter and also provide long term stability for the senior.

The following are guidelines for the program:

- Assistance will be given to eligible persons 60 years of age and older.
- Eligible households may have an income of 100 percent of the poverty level, but the focus will be on households at 50 percent of the federal poverty level.
- Applicants must complete an application with the Regional I&R Specialists, and proof of income for the household must be supplied along with a picture identification.
- Applicant must be on the lease.
- Property manager/landlord information must be supplied on the application.
- Eligible households can receive up to $1,000 maximum assistance.
- Payments will be mailed to the landlord.

**B. OTHER SERVICES AND ORGANIZATIONS**

**DEPARTMENT OF SOCIAL SERVICES**

In addition to the programs discussed in other sections of this book, DSS provides other social services to older people, including Adult Protective Services, the Child and Adult Care Food Program, Emergency Shelters Food Program and Faith-Based and Community Initiatives. For more information contact your local Department of Social Services.

**DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

DHEC provides many services, including home health services. These services include occupational therapy, physical therapy, skilled nursing, speech therapy, nutrition education, diabetes education and disease management.

DHEC is also a source of information on virtually any kind of health care provider.

For more information on available services and eligibility requirements, contact your local health department.

**COMMISSION FOR THE BLIND**

The South Carolina Commission for the Blind is a state agency created to provide rehabilitation services, adjustment to blindness training, prevention of blindness, independent living services and various other services to blind and severely visually impaired citizens of South Carolina. These services are made available with state and federal funding, and there is no charge to consumers for services.

For more information, contact the South Carolina Commission for the Blind at 1 (800) 922-2222 or visit www.sccb.state.sc.us.
DEPARTMENT OF MENTAL HEALTH

The Department of Mental Health provides prevention and detection services and outpatient diagnosis and treatment services through a network of community Mental Health Centers.

Services include housing and homeless programs, education and monitoring of community residential care facilities.

For more information on available services contact your local Mental Health Center or go to the Department of Mental Health Web site at www.state.sc.us/dmh.

PROTECTION AND ADVOCACY SYSTEM FOR PEOPLE WITH DISABILITIES, INC.

Protection and Advocacy System for People with Disabilities, Inc. provides services for people living with disabilities in South Carolina.

They provide brief written or oral advice about callers’ problems and suggest ways to resolve the problems, including information about additional resources.

Additionally, they provide case representation if applicants meet certain criteria.

Visit www.protectionandadvocacy-sc.org or call 1 (866) 275-7273.

PILOT CLUB OF COLUMBIA FOUNDATION

Pilot Club of Columbia Foundation was founded in 1982 with the chartered goal of providing reliable personal response services and support to elderly and disabled subscribers living alone. This service is delivered to all interested persons regardless of the ability to pay.

Primary services include providing a means for individuals to get emergency help when needed around the home, with the aid of a button worn around the neck as a pendant or on the wrist as a bracelet. The Foundation also installs and monitors personal emergency response service for a one-time activation fee of $55. The monitoring fee is $35. The Foundation will help subsidize on a sliding scale all who need the unit. Contact the Foundation at (843) 236-8844 or (803) 254-2673.

ELDERHOSTEL/ADULT EDUCATION

Elderhostel is a not-for-profit organization that provides learning opportunities to nearly 160,000 older adults each year and offers nearly 8,000 programs a year in more than 90 countries at relatively low cost. Many programs are offered in South Carolina. For more information got to the Elderhostel website at www.elderhostel.org or call 1 (800) 454-5768.

Most public schools in South Carolina offer opportunities for continued education or adult basic education courses. There are many levels of courses covering many areas of interest. For more information, contact the Adult Education Program of your local school district.
AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP)

AARP is a national, non-profit membership organization of persons 50 and older dedicated to addressing their needs and interests. AARP's South Carolina chapter is headquartered in Columbia, and serves more than 500,000 members statewide. Charles Johnson serves as state chapter President, and Jane Wiley is the State Director.

AARP South Carolina
1201 Main Street, Suite 1280
Columbia, SC 29201
1-866-389-5655
scaarp@aarp.org
www.aarp.org/sc

ALZHEIMER’S ASSOCIATION

The Alzheimer's Association, the world leader in Alzheimer research and support, is the first and largest voluntary health organization dedicated to finding prevention methods, treatments and an eventual cure for Alzheimer's.

Its mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

The Alzheimer's Association provides supportive programs and services to help people with Alzheimer’s and their caregivers deal with the disease and its impact on their lives. Each chapter in the national network offers five core services: information and referral, care consultation, support groups, safety services and education.

Call 1 (800) 272-3900 or visit www.alz.org.

SC DEPARTMENT OF HEALTH AND HUMAN SERVICES–BUREAU OF LONG TERM CARE SERVICES

The Bureau of Long Term Care Services is responsible for all long term care programs, both institutional and community based, for the elderly and other special needs populations.

SC STATE LIBRARY – DEPT. FOR THE BLIND AND PHYSICALLY HANDICAPPED

The South Carolina State Library's Talking Book Services department provides informational and recreational reading materials in accessible formats. The program serves South Carolinians unable to use conventional print due to a physical disability. They can be reached toll free at 1-800-922-7818, or locally 734-4611. Deaf and hard of hearing individuals should dial 711-734-4611. Our mailing address is P.O. Box 821, Columbia SC 29202-0821.
Community Long Term Care

Community Long Term (CLTC) operates home and community-based waiver programs for persons eligible for institutional care such as nursing home care but who prefer to receive their services in the community. Through a process of case management and an individualized service package, waiver clients are able to successfully remain at home at a cost to Medicaid that is substantially less than the cost of institutional care.

The CLTC program began statewide in 1983 after a three-year pilot program in the Upstate.

It was first established to meet the needs of the elderly or disabled persons who were not able to care for themselves independently over a long period of time, perhaps for life. Currently, CLTC administers and operates the following long term care options:

- Community Choices waiver
- HIV/AIDS Waiver
- Ventilator Dependent Waiver
- Choice Waiver
- Children's Services
- Medicaid Sponsored Nursing Facility placements
PART SEVEN – COMMUNITY
RESOURCE DIRECTORY

UNITED STATES SENATORS

Jim DeMint
340 Russell Senate Office Building
Washington, DC 20510
(202) 224-6121

Lindsey Graham
340 Russell Senate Office Building
Washington, DC 20510
(202) 224-5972

UNITED STATES HOUSE OF REPRESENTATIVES

Henry E. Brown Jr.
South Carolina-1st, Republican
1124 Longworth HOB
Washington, DC 20515-4001
(202) 225-3176

Joe Wilson
South Carolina-2nd, Republican
212 Cannon HOB
Washington, DC 20515-4002
(202) 225-2452

J. Gresham Barrett
South Carolina-3rd, Republican
1523 Longworth HOB
Washington, DC 20515-4003
(202) 225-5301

Bob Inglis
South Carolina-4th, Republican
330 Cannon HOB
Washington, DC 20515-4004
(202) 225-6030

John M. Spratt Jr.
South Carolina-5th, Democrat
1401 Longworth HOB
Washington, DC 20515-4005
(202) 225-5501

James E. Clyburn
South Carolina-6th, Democrat
2135 Rayburn HOB
Washington, DC 20515-4006
(202) 225-3315

STATE GOVERNMENT

The Governor
The Executive Office of the Governor
P.O. Box 12267
Columbia, SC 29211
(803) 734-2100
Fax: (803) 734-5167

Governor’s Office of Ombudsman
1200 Senate Street, Room 104
Columbia, South Carolina 29201
(803) 734-5049
Fax: (803) 734-0799
E-mail: governor@govoepp.state.sc.us

Office of the Lieutenant Governor
P.O. Box 142
Columbia, SC 29202
(803) 734-2080
Fax: (803) 734-2082
Toll Free: (866) 756-2855

State Long Term Care Ombudsman
1301 Gervais St., Ste. 200
Columbia, SC 29201
(803) 734-9900

Region I LTC Ombudsman
(Serving Anderson, Cherokee, Greenville,
Oconee, Pickens and Spartanburg Counties)
(864) 242-9733

Region II LTC Ombudsman
(Serving Abbeville, Edgefield, Greenwood,
Laurens, McCormick and Saluda Counties)
(864) 941-8070
Region III LTC Ombudsman  
(Serving Chester, Lancaster, York and Union Counties)  
(803) 329-9670 or 1 (800) 662-8330

Region IV LTC Ombudsman  
(Serving Fairfield, Lexington, Newberry and Richland Counties)  
(803) 376-5390 or 1 (866) 394-4166

Region V LTC Ombudsman  
(Serving Aiken, Allendale, Bamberg, Barnwell, Calhoun and Orangeburg Counties)  
(803) 649-7981

Region VI LTC Ombudsman  
(Serving Clarendon, Kershaw, Lee and Sumter Counties)  
(803) 775-7381 or 1 (800) 948-1042

Region VII LTC Ombudsman  
(Serving Chesterfield, Darlington, Dillon, Florence, Marion and Marlboro Counties)  
(843) 383-8632 Ext: 314

Region VIII LTC Ombudsman  
(Serving Georgetown, Horry and Williamsburg Counties)  
(843) 546-4231

Region IX LTC Ombudsman  
(Serving Berkeley, Charleston and Dorchester Counties)  
(843) 554-2281 or 1 (800) 864-6446

Region X LTC Ombudsman  
(Serving Beaufort, Colleton, Hampton and Jasper Counties)  
(843) 726-5536

South Carolina House of Representatives  
State House  
P.O Box 11867  
Columbia, SC 29211  
State House Operator: (803) 734-2402

South Carolina Legislative Manual  
Clerk of the House  
Charles F. Reid  
Cost $5.00

Legislative Information Systems  
1 (800) 922-1539  
(803) 734-3143

HEALTH CARE

Alzheimer's Association  
919 N. Michigan Ave., Ste. 100  
Chicago, IL 60611  
1 (800) 272-3900  
www.alz.org

S.C. Alzheimer's Association  
P.O. Box 7044  
Columbia, SC 29202  
1 (800) 636-3346

American Hospital Association  
1 North Franklin  
Chicago, IL 60606  
(312) 422-3000

James F. Byrnes Center for Geriatric Medicine  
2100 Bull St.  
P.O. Box 119  
Columbia, SC 29202  
(803) 898-1807

ACS Silvercard Hotline  
(877) 239-5277

SC Healthcare Association  
176 Laurelhurst Ave.  
Columbia, SC 29210  
(803) 772-7511  
Fax: (803) 772-7943
MEDICARE
The Medicare Rights Center
1460 Broadway, 17th Floor
New York, NY 10036
(212) 869-3850
1 (800) MEDICAR
www.medicarerights.org

National Medicare Hotline
1 (800) Medicare

Blue Cross Blue Shield of South Carolina
General Operator: (803) 788-0222
Current Medicare Policy Holders:
1 (800) 633-4227
Interested in Purchasing a Policy:
1 (800) 444-0030

The Carolinas Center for Medical Excellence
246 Stoneridge Dr., Ste. 200
Columbia, SC 29210
1 (800) 922-3089

COMMUNITY LONG TERM CARE

State Offices

Community Long Term Care
1801 Main St.
P.O Box 8206
Columbia, SC 29202
(803) 898-2590

Local Offices

Greenville
Community Long Term Care
620 North Main St.
Greenville, SC 29601
(864) 242-2211
1 (888) 535-8523

Anderson
P.O. Box 5947
3215 Mall Rd., Ste. H
Anderson, SC 29621
(864) 224-9947
1 (800) 713-8003

Spartanburg
1411 W.O. Ezell Blvd.
Spartanburg, SC 29301
(864) 587-4707
1 (888) 551-3664

Greenwood
P.O Box 3088
617 S. Main St.
Greenwood, SC 29648
(864) 223-8622
1 (800) 628-3838

Rock Hill
1890 Neely’s Creek Rd.
Rock Hill, SC 29730
(803) 327-9061
1 (888) 286-2078

Columbia
7499 Parklane Road, Ste. 164
Columbia, SC 29223
(803) 791-0826
1 (888) 847-0908

Orangeburg
1857 Joe. S Jeffords Highway
Orangeburg, SC 29115
(803) 536-0122
1 (888) 218-4915

Aiken
2230 Woodside Executive Court
Aiken, SC 29803
(803) 641-7680
1 (888) 364-3310

Sumter
30 Wesmark Court
Sumter, SC 29150
(803) 905-1980
1 (888) 761-5991
Florence
201 Dozier Blvd.
Florence, SC 29501
(843) 667-8718
1 (888) 798-8995

Conway
P.O. Box 2150
1600 11th Ave.
First Federal Building, 2nd Floor
Conway, SC 29526
(843) 248-7249
1 (888) 539-8796

Charleston
3140 Faber Dr., Ste. 303
N. Charleston, SC 29405
1 (888) 805-4397

Ridgeland
P.O. Box 2065
421 S. Green St.
Ridgeland, SC 29936
(843) 726-5353
1 (800) 262-3329

Services For Persons With Disabilities
Department of Mental Health
2414 Bull St.
Columbia, SC 29202
Information: (803) 898-8581

South Carolina Department of Disabilities and Special Needs
P.O. Box 4706
Columbia, SC 29240
3440 Harden St. Ext.
Columbia, SC 29203
(803) 898-9600
1 (888) 376-4636
Fax: (803) 898-9653

S.C. Development Disabilities Council
Brown Building
1205 Pendleton St.
Columbia, SC 29201
(803) 734-0465

S.C. School for the Deaf and Blind
Telephone Equipment Distribution Center
Outreach Services
100 Executive Dr., Ste. A-100
Columbia, SC 29210
(803) 731-4945

Insurance Information and Complaints
S.C. Department of Insurance
300 Arbor Lake Dr., Ste. 1200
Columbia, SC 29223
(803) 737-6160

Medicare Complaints
Federal Toll-Free Number: 1 (800) 633-4227

Insurance Counseling Assistance and Referral for Elders (I-CARE)
Commission on Aging
1 (800) 868-9095

Housing
Dept. of Housing and Urban Development
Strom Thurmond Federal Building
1835 Assembly St., 13th Floor
Columbia, SC 29201
(803) 253-3292
Fax: (803) 253-3043

S.C. State Housing Finance & Development Authority
300-C Outlet Pointe Blvd.
Columbia, SC 29210
(803) 896-9001
Fax: (803) 896-8583

S.C. Association of Non-Profit Homes for the Aging
2711 Middleburg Dr., Ste. 309-A
Columbia, SC 29204
(803) 988-0005
South Carolina Association of Residential Care Homes
4881-B Sunset Blvd.
Lexington, SC 29072
(803) 951-3296
1 (800) 862-2908
Fax: (803) 951-2136

**Consumer Issues**

S.C. Department of Consumer Affairs
3600 Forest Dr., 3rd Floor
P.O. Box 5757
Columbia, SC 29250
(803) 734-4200
1 (800) 922-1594

Federal Trade Commission Bureau of Consumer Protection
Division of Enforcement
www.ftc.gov

Better Business Bureau
2330 Devine St.
P.O. Box 8326
Columbia, SC 29202
(803) 254-2525
Fax: (803) 779-3117

**Crime**

Office of the Crime Victims' Ombudsman (CVO)
1205 Pendleton St., Room 463
Columbia, SC 29201

South Carolina Victim Assistance Network
1900 Broad River Rd.
Columbia, SC 29210
(803) 750-1200

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Ave., NW
Washington, DC 20530
(202) 514-3204

**Age Discrimination**

S.C. Human Affairs Commission
P.O. Box 4490
2611 Forest Dr., Ste. 200
Columbia, SC 29204
(803) 737-7800
1 (800) 521-0725

Workers' Compensation Commission
P.O. Box 1715
1612 Marion St.
Columbia, SC 29202-1715
(803) 737-5700
Fax: (803)-737-5768

**American With Disabilities Act**

South Carolina Vocational Rehabilitation Department
1410 Boston Ave.
P.O. Box 15
W. Columbia, SC 29171
(803) 896-6500

US Department of Justice
Civil Rights Division
950 Pennsylvania Ave., NW
Disability Rights Section - NYAV
Washington, DC 20530

**Handicapped Discrimination**

Protection and Advocacy for People with Disabilities, Inc.
3710 Landmark Dr.
Columbia, SC 29204
(803) 782-0639

Piedmont – Region 1 Office
545 N. Pleasantburg Dr.
Greenville, SC 29607
(864) 235-0273

Midlands – Region 2 Office
3710 Landmark Dr.
Columbia, SC 29204
(803) 782-0639
Fax: (803) 790-1946
Pee Dee – Region 3 Office  
2137 Hoffmeyer Rd.  
Florence, SC 29501  
(843) 662-0752

Low Country – Region 4  
1569 Sam Rittenberg Blvd.  
Charleston, SC 29407  
(843) 763-8571

Legal Services

Columbia Urban League, Inc.  
1400 Barnwell St.  
Columbia, SC 29201  
(803) 799-8150

Lower Savannah Council of Governments  
P.O. Box 850  
Aiken, SC 29802  
(803) 649-7981

Elderlink, Inc.  
4500 Leeds Ave., Ste. 210  
Charleston, SC 29405  
(843) 745-1710  
Fax: (843) 745-1718

Lowcountry Council of Governments  
634 Campground Rd.  
P.O. Box 98  
Yemasse, SC 29945  
(843) 726-5536  
Fax: (843) 726-5165

Legal Aid/Legal Services

South Carolina Centers for Equal Justice

Anderson  
303 E. River St.  
Anderson, SC 29662  
(864) 226-7216  
1 (800) 234-7216  
Fax: (864) 375-9191

Beaufort  
Landmark Building, Ste. 3-A  
69 Robert Smalls Pkwy. – Hwy. 170  
Beaufort, SC 29902  
(843) 521-0623  
1 (866) 286-3677

Charleston  
2803 Carner Ave.  
N. Charleston, SC 29405  
(843) 720-7044  
1 (888) 720-2320  
Fax: (843) 760-1090

Columbia  
2109 Bull St.  
Columbia, SC 29201  
(803) 799-9668  
1 (888) 799-9668  
Fax: (803) 799-1781

Conway  
1601 11th Ave., Ste. 301  
Conway, SC 29528  
(843) 381-8181  
1 (866) 597-0100  
Fax: (843) 381-8372

Florence  
227 S. Dargan St.  
Florence, SC 29506  
(843) 413-9500  
Fax: (843) 413-1013

Greenville  
701 S. Main St.  
Greenville, SC 29601  
(864) 679-3232  
1 (800) 763-4825  
Fax: (864) 679-3260

Greenwood  
316 W. Cambridge Ave.  
Greenwood, SC 29646  
(864) 223-4879  
1 (800) 922-3114  
Fax: (864) 223-7929
Hartsville
311 E. Carolina Ave.
Hartsville, SC 29550
(843) 332-1162
1 (800) 613-0438
Fax: (843) 332-1159

Lexington
426 S. Lake Dr.
Lexington, SC 29072
(803) 359-4154
1 (800) 280-1851
Fax: (803) 359-9351

Orangeburg
126 Associates Hwy.
Orangeburg, SC 29118
(803) 533-0116
1 (800) 522-9354
Fax: (803) 531-5102

Rock Hill
214 Johnston St.
Rock Hill, SC 29730
(803) 327-9001
1 (800) 922-3853
Fax: (803) 327-7105

Spartanburg
148 East Main St.
Spartanburg, SC 29306
(864) 582-0369
1 (800) 922-8176
Fax: (864) 582-0302

Visit www.sccej.org or www.lawhelp.org/sc for additional information.

S.C. Bar Lawyer Referral Service
Statewide: 1 (800) 866-2234
Richland/Lexington Counties: 799-7100

Adult Abuse Neglect & Exploitation
Elder Abuse Hotline
(803) 898-7318

Adult Protective Services
South Carolina Department of Social Services
P.O. Box 1520
Columbia, SC 29202-1520

Department of Public Safety
PO Box 1993
10311 Wilson Blvd.
Blythewood, SC 29016

Financial Planning
American Civil Liberties Union of S.C.
1338 Main St.
Columbia, SC 29201
(803) 799-5151

Financial Assistance
Internal Revenue Service
1835 Assembly St.
Columbia, SC 29201
(803) 765-5544
1 (800) 829-1040

Treasury Inspector General Tax Administration Hotline
P.O. Box 589
Ben Franklin Station
Washington, DC 20044
1 (800) 366-4484

S.C. Tax Commission
P.O. Box 125
301 Gervais St.
Columbia SC 29214
(803) 898-5000
Fax: (803) 898-5822

S.C. Comptroller General
1200 Senate St.
305 Wade Hampton Office Building
Columbia, SC 29211
(803) 734-2121
Fax: (803) 734-2064

AARP TAX-AIDE PROGRAM
1 (888) 227-7669 or www.aarp.org
<table>
<thead>
<tr>
<th>Local Security Offices</th>
<th>Social Security</th>
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<tbody>
<tr>
<td>Social Security</td>
<td>1463 Tobias Gadson Blvd.</td>
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<tr>
<td>502 Robertson Blvd.</td>
<td>Charleston, SC 29407</td>
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<tr>
<td>(843) 549-2866</td>
<td>(843) 573-3600</td>
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<tr>
<td>1 (800) 772-1213</td>
<td>1 (800) 772-1213</td>
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<tr>
<td>319 Pelham Rd.</td>
<td>1835 Assembly St.</td>
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<tr>
<td>Greenville, SC 29609</td>
<td>Columbia, SC 29201</td>
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<tr>
<td>(864) 233-1116</td>
<td>(803) 929-7635</td>
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<td>1 (800) 772-1213</td>
<td>1 (800) 772-1213</td>
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<tr>
<td>Social Security</td>
<td>1316 Third Ave.</td>
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<tr>
<td>3420 Clemson Blvd.</td>
<td>Conway, SC 29526</td>
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<tr>
<td>Anderson, SC 29621</td>
<td>(843) 248-4271</td>
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<tr>
<td>(864) 231-7057</td>
<td>1 (800) 772-1213</td>
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<tr>
<td>Social Security</td>
<td>181 Dozier Blvd.</td>
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<tr>
<td>2212 Mossy Oak Rd.</td>
<td>Florence, SC 29501</td>
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<tr>
<td>Port Royal, SC 29935</td>
<td>(843) 662-4651</td>
</tr>
<tr>
<td>(831) 524-5795</td>
<td>1 (800) 772-1213</td>
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<td>1 (800) 772-1213</td>
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<tr>
<td>Social Security</td>
<td>413 King St.</td>
</tr>
<tr>
<td>1060 Cottingham Blvd. N</td>
<td>Georgetown, SC 29440</td>
</tr>
<tr>
<td>Bennettsville, SC 29512</td>
<td>(843) 527-2893</td>
</tr>
<tr>
<td>(843) 479-5302</td>
<td>1 (800) 772-1213</td>
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<td>1 (800) 772-1213</td>
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<tr>
<td>Social Security</td>
<td>115 Enterprise Court, Ste. C</td>
</tr>
<tr>
<td>1111 Broad St., Ste. 200</td>
<td>Greenwood, SC 29649</td>
</tr>
<tr>
<td>Camden, SC 29020</td>
<td>(864) 223-1711</td>
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<tr>
<td>(803) 432-7776</td>
<td>1 (800) 772-1213</td>
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<td>1 (800) 772-1213</td>
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<tr>
<td>Social Security</td>
<td>498 Lakeshore Pkwy.</td>
</tr>
<tr>
<td>151 Corporate Pkwy. SE</td>
<td>Rock Hill, SC 29730</td>
</tr>
<tr>
<td>Aiken, SC 29803</td>
<td>(803) 328-6271</td>
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<tr>
<td>(803) 648-2356</td>
<td>1 (800) 772-1213</td>
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</table>
Social Security
4995 Lacrosse Rd., Ste. 2700
N. Charleston, SC 29406
(843) 747-1554
1 (800) 772-1213

Social Security
1391 Middleton St.
Orangeburg, SC 29115
(803) 531-1568
1 (800) 772-1213

Social Security
140 Magnolia St.
Spartanburg, SC 29306
(864) 583-8223
1 (800) 772-1213

Social Security
240 Bultman Dr.
Sumter, SC 29150
(803) 775-9140
1 (800) 772-1213

Railroad Retirement

U.S. Railroad Retirement Board
844 N. Rush St.
Chicago, IL 60611-2092
(312) 751-7139

Food Stamps, Optional Supplement,
Adult Protective Services, Qualified,
Medicare Beneficiary and Spousal
Impoverishment/Transfer of Assets

S.C. Department of Social Services
1535 Confederate Ave. Ext.
P.O. Box 1520
Columbia, SC 29202-1520
(803) 898-7601

County Offices:

Abbeville County DSS
Human Services Building
903 W. Greenwood St.
Abbeville, SC 29620
(864) 366-4437

Aiken County DSS
1410 Park Ave., SE
Aiken, SC 29802-1268
(803) 642-3603

Allendale County DSS
103 Brandt Building
Courthouse Square
Allendale, SC 29810
(803) 584-7048

Anderson County DSS
Anderson County Office Building
224 McGee Rd.
Anderson, SC 29625
(864) 260-4100

Bamberg County DSS
Bamberg County Human Resource Center
#1 Log Branch Rd.
Bamberg, SC 29003
(803) 245-3930

Barnwell County DSS
T. Ed Richardson Building
10913 Ellenton St.
Barnwell, SC 29812
(803) 541-1220

Beaufort County DSS
P.O. 1065
1905 Duke St.
Beaufort, SC 29902
(843) 470-4618

Berkeley County DSS
Moncks Corner
2 Belt Dr.
Moncks Corner, SC 23461
(843) 719-1076
Greenwood County DSS  
1118 Phoenix St.  
Greenwood, SC 29648  
(864) 229-5258 Staff

Hampton County DSS  
102 Ginn Altman Ave., Ste. A  
Hampton, SC 29924  
(803) 943-3641  
Fax: (803) 943-4879

Horry County DSS  
1951 Industrial Park Rd.  
Conway, SC 29526  
(843) 915-4700

Jasper County DSS  
204 N. Jacob Smart Blvd.  
Ridgeland, SC 29936  
(843) 726-7753 or  
(843) 726-7747

Kershaw County DSS  
110 E. Dekalb St.  
P.O. Box 1107  
Camden, SC 29020  
(803) 425-7195  
Fax: (803) 425-7195

Lancaster County DSS  
1837 Pageland Hwy.  
Human Services Complex  
Lancaster, SC 29721  
(803) 286-7108  
Fax: (803) 285-4480

Laurens County DSS  
P O Box 2001  
Laurens, SC 29360-2001  
(864) 833-0100  
Fax: (864) 833-1681

Lee County DSS  
Bishopville  
820 Brown St.  
Bishopville, SC 29010  
(803) 484-5376  
Fax: (803) 484-6435

Lexington County DSS  
P.O. Drawer 430  
Lexington, SC 29071  
Information: (803) 785-7333  
Fax: (803) 785-2278

McCormick County DSS  
215 N. Mine St., Hwy. 28 N.  
McCormick, SC 29835  
(864) 465-2140  
Fax: (864) 465-2125

Marion County DSS  
137 Airport Court, Ste. A  
Mullins, SC 29574  
(843) 423-4623  
Fax: (843) 423-2419

Marlboro County DSS  
P.O. Drawer 120  
Bennettsville, SC 29512  
(843) 479-1131  
Fax: (843) 479-6254

Newberry County DSS  
P.O. Box 309  
2107 Wilson Rd.  
Newberry, SC 29108  
(803) 321-2155  
Fax: (803) 321-2168

Oconee County DSS  
100 Brown Square  
P.O. Box 739  
Walhalla, SC 29691  
(864) 638-4400  
Fax: (864) 638-4444

Orangeburg County DSS  
2570 Old St. Matthews Rd.,NE  
P.O.Box 1087  
Orangeburg, SC 29116-1087  
(803) 531-3101  
Fax: (803) 531-2045
Pickens County DSS
212 McDaniel Ave.
P.O. Box 158
Pickens, SC 29671
(864) 898-5810
Fax: (864) 898-5819

Richland County DSS
3220 Two Notch Rd.
Columbia, SC 29204
(803) 714-7300
Fax: (803) 714-7301

Saluda County DSS
Hwy. 121 N
P.O. Box 276
Saluda, SC 29138
(864) 445-2139
Fax: (864) 445-7088

Spartanburg County DSS
Evans Human Resources Center
142 S. Dean St.
P.O. Drawer 3548
Spartanburg, SC 29304
(864) 596-3001
Fax: (864) 596-3141

Sumter County DSS
105 N. Magnolia St.
3rd and 4th floors
P.O. Box 68
Sumter, SC 29151-0068
(803) 773-5531
Fax: (803) 778-2058

Union County DSS
200 S. Mountain St.
Union, SC 29379
(864) 429-1660
Fax: (864) 429-1664

Williamsburg County DSS
1401 Eastland Ave.
P.O. Drawer 389
Kingstree, SC 29556
(843) 355-5411
Fax: (843) 355-0913

York County DSS
18 W. Liberty St.
P.O. Box 261
York, SC 29745
(803) 684-2315
Fax: (803) 684-8103

Veterans Affairs
Veterans Administration Regional Department
1801 Assembly St.
Columbia, SC 29201
1 (800) 827-1000

South Carolina Office of Veteran’s Affairs
1205 Pendleton Street, Suite 369
Columbia, South Carolina 29201
(803) 734-0200
Fax: (803) 734-0197

Employee Retirement Income Security Act
U.S. Department of Labor
Employee Benefits Security Administration
Administration Room No. 5619
200 Constitution, NW
Washington, DC 20210
1 (866) 275-7922
www.dol.gov

Dept. of Labor, Licensing & Regulations
Synergy Center - Kingstree Building
110 Center View Dr.
P.O. Box 11329
Columbia, SC 29211-1329
(803) 896-4300
Fax: (803) 896-4393

Workers’ Compensation Commission
P.O. Box 1715
1612 Main St.
Columbia, SC 29202
Low Income Home Energy Assistance Program

Office of Economic Opportunity
1205 Pendleton St.
Columbia, SC 29201
(803) 734-0662
Fax: (803) 734-0356

Salvation Army
2025 Main St
Columbia, SC 29201
(803) 765-0260

Local Community Action Agencies

Aiken/Barnwell Counties Community Action Commission, Inc.
P.O. Box 2066
Aiken, SC 29802-2066
(803) 648-6836
Fax: (803) 649-1588

(serving Aiken, Barnwell and Lexington counties)

Beaufort/Jasper Economic Opportunity Commission, Inc.
Post Office Drawer 9
Beaufort, SC 29902-0009
(843) 470-4516
Fax: (843) 470-4510

(serving Beaufort and Jasper counties)

Berkeley/Dorchester Counties Economic Development Corporation
Post Office Box 609
Moncks Corner, SC 29461
(843) 761-8244
Fax: (843) 719-3091

(serving Berkeley, Colleton and Dorchester counties)

Carolina Community Actions, Inc.
P.O. Box 933
234 Johnston St.
Rock Hill, SC 29731-6933
(803) 329-5195
Fax: (803) 329-5198

(serving Chester, Fairfield, Lancaster, Union and York counties)

Charleston County Human Services Commission
P.O. Box 20968
Charleston, SC 29413
(843) 723-9285
Fax: (843) 724-6787

(serving Charleston, Berkeley and Dorchester counties)

Chesterfield – Marlboro Economic Opportunity Council
318-322 Front St.
Cheraw, SC 29520
(843) 320-9760
Fax: (843) 320-9770

(serving Chesterfield and Marlboro counties)

Darlington County Community Action Agency
904 S. 4th St.
Hartsville, SC 29550
(843) 332-1135
Fax: (843) 332-3971

(serving Darlington County)

GLEAAMS Human Resources Commission, Inc.
P.O. Box 1326
Greenwood, SC 29648
(864) 223-8434
Fax: (864) 223-9456

(serving Abbeville, Anderson, Edgefield, Greenwood, McCormick and Saluda counties)
Low Country Community Action Agency, Inc.
319 Washington St.
Walterboro, SC 29488
(843) 549-5576
Fax: (843) 549-2190

(serving Colleton and Hampton counties)

Orangeburg –Calhoun – Allendale –Bamberg Community Action Agency, Inc.
1822 Joe Jeffords Hwy.
P.O. Drawer 710
Orangeburg, SC 29116-0710
(803) 536-1027
Fax: (803) 536-4657

(serving Allendale, Bamberg, Calhoun and Orangeburg counties)

PeeDee Community Action Agency
2685 South Irby St.
P.O. Drawer 12670
Florence, SC 29505
(843) 678-3400
Fax: (843) 678-3404

(serving Dillon, Florence and Marion counties)

Piedmont Community Actions, Inc.
300A S. Daniel Morgan Ave.
P.O. Box 5374
Spartanburg, SC 29304
(864) 585-8183
Fax: (864) 515-9397

(serving Cherokee and Spartanburg counties)

Sunbelt Human Advancement Resources, Inc.
1200 Pendleton St.
P.O. Box 10204
Greenville, SC 29603
(864) 269-0700
Fax: (864) 295-6151

(serving Anderson, Greenville, Pickens and Oconee counties)

Waccamaw Economic Opportunity Council, Inc.
1261 Hwy. 501 East, Ste. B
P.O. Box 1467
Conway, SC 29528
(843) 234-4100
Fax: (843) 234-4111

(serving Horry, Georgetown and Williamsburg counties)

Wateree Community Actions, Inc.
13 South Main St.
P.O. Box 1838
Sumter, SC 29528
(803) 775-4354
Fax: (803) 773-7178

(serving Clarendon, Kershaw, Lee, Richland and Sumter counties)

**Aging Services in South Carolina**

Lieutenant Governor’s Office on Aging
1301 Gervais St.
Columbia, SC 29201
(803) 734-9900
Fax: (803) 734-9887

**Region I – Appalachia Area Agency on Aging (Serving Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg)**

South Carolina Appalachian Council of Governments
30 Century Circle
P.O. Box 6668
Greenville, SC 29606
(864) 242-9733
Fax: (864) 242-6957

Senior Solutions
(Serving Anderson and Oconee counties)
(864) 225-3370

Senior Centers of Cherokee, Inc.
(864) 489-3868
Greenville Senior Action, Inc.
(864) 467-3660

Pickens County Seniors Unlimited
(864) (878) 0172

Senior Centers of Spartanburg
County, Inc.
(864) 596-3910

Region II Upper Savannah (Serving
Abbeville, Edgefield, Greenwood,
Laurens, McCormick and Saluda)

Upper Savannah Council of Governments
222 Phoenix St., Ste. 200
P.O. Box 1366
Greenwood, SC 29648
(864) 941-8050
1 (800) 922-7729
Fax (864) 941-8090

Abbeville/Greenwood
Piedmont Agency on Aging
(864) 223-0164
(864) 459-9666 (Abbeville Senior Center)

Edgefield
Edgefield County Senior Citizens Council
(803) 637-5326

Laurens
Senior Options, Inc.
(864) 938-0572

McCormick County
Senior Center, Inc.
(864) 465-2626

Saluda County Council on Aging
(864) 445-2175

Region III – Catawba Area Agency on
Aging (Serving Chester, Lancaster,
York and Union)

Catawba Area Agency on Aging
P.O. Box 4618
Rock Hill, SC 29732
(803) 329-9670
Fax: (803) 327-1912

Chester
Senior Services of Chester County
(803) 385-3838

Lancaster
Lancaster County Council on Aging
(803) 285-6956

Union
Union County Council on Aging
(864) 429-1682

York
York County Council on Aging
(803) 327-6694

Region IV Central Midlands Area
Agency on Aging (Serving Fairfield,
Lexington, Newberry, Richland)

Central Midlands Council of Governments
236 Stoneridge Dr.
Columbia, SC 29210
(803) 376-5390
Fax: (803) 376-5394

Fairfield
Fairfield County
Council on Aging
(803) 635-3015

Lexington
Irmo/Chapin Recreation Commission
(803) 345-6181

Newberry
Newberry County Council on Aging
(803) 276-8266
Richland
Senior Resources
(803) 252-7734

Region V Lower Savannah Area
Agency on Aging (Serving Aiken, Allendale, Bamberg, Barnwell, Calhoun and Orangeburg)

Lower Savannah Council of Governments
P.O. Box 850
2748 Wagener Road
Aiken, SC 29801
(803) 649-7981
Fax: (803) 649-2248

Aiken
Aiken Area Council on Aging
(803) 648-5447

Allendale
Allendale County Council on Aging
(803) 584-4350

Bamberg
Bamberg County Office on Aging
(803) 245-3021

Barnwell
Generations Unlimited
(803) 541-1249

Calhoun
Calhoun County Council on Aging
(803) 874-1270

Orangeburg
Orangeburg County Council on Aging
(803) 531-4663

Region VI – Santee – Lynches Area
Agency on Aging (Serving Clarendon, Kershaw, Lee and Sumter)

Santee – Lynches Regional Council of Governments
P.O. Box 1837
36 W. Liberty St.
Sumter, SC 29151
(803) 775-7381
Fax: (803) 773-9903

Clarendon
Clarendon County Council on Aging
(803) 435-8593

Kershaw
Kershaw County Council on Aging
(803) 432-8173

Lee
Lee County Council on Aging
(803) 484-6212

Sumter
Sumter Senior Services
(803) 773-5508

Region VII – Pee Dee Area Agency on Aging
(Serving Chesterfield, Darlington, Dillon, Florence, Marion and Marlboro)

Vantage Point
P.O. Box 999
Hartsville, SC 29551
(843) 383-8632
Fax: (843) 383-8754

Chesterfield
Chesterfield County Council on Aging
(843) 623-2280

Darlington
Darlington County Council on Aging
(843) 393-8521

Dillon
Dillon County Council for the Aging
(843) 774-0089
Florence
Senior Citizen’s Association of Florence County
(843) 669-6761

Marion
Marion County Council on Aging
(843) 423-4391

Marlboro
Marlboro County Council on Aging
(843) 479-9951

Region VIII – Waccamaw Area Agency on Aging (Serving Georgetown, Horry and Williamsburg)

Waccamaw Regional Council of Governments
1230 Highmarket Street
Georgetown, SC 29440
(843) 546-4231
Fax: (843) 520-0642

Georgetown
Georgetown County Bureau of Aging Services
(843) 546-8539

Horry
Horry County Council on Aging
(843) 248-9818

Williamsburg
Vital Aging
(843) 354-5496

Region IX – Trident Area Agency on Aging (Serving Berkeley, Charleston and Dorchester)

1360 Truckston Ave., Ste. 105
N. Charleston, SC 29405
(843) 554-2275
Fax: (843) 554-2284

Berkley
Berkley Seniors, Inc.
(843) 761-0310

Charleston
Charleston Area Senior Citizens
(843) 722-4127

Charleston
South Santee Community Center
(843) 546-2789

Dorchester
Dorchester Human Development Board
(843) 871-5053

Region X – LowCountry Area Agency on Aging (Serving Beaufort, Colleton, Hampton and Jasper)

Lowcountry Council of Governments
P.O. Box 98
Yemassee, SC 29945
(843) 726-5536

Beaufort
Beaufort County Council on Aging
(843) 524-1787

Colleton
Colleton County Council on Aging
(843) 549-7642

Hampton
Hampton County Council on Aging
(803) 943-7555

Jasper
Jasper County Council on Aging
(843) 726-5601

Department of Health and Environmental Control

DHEC State Office
2600 Bull St.
Columbia, SC 29201
(803) 898-3432
<table>
<thead>
<tr>
<th>County Health Departments</th>
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<td>Abbeville County Health Department</td>
<td>(864) 366-2131</td>
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<td>Aiken County Health Department</td>
<td>(803) 642-1687</td>
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<tr>
<td>Allendale County Health Department</td>
<td>(803) 584-3818</td>
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<td>Anderson County Health Department</td>
<td>(864) 260-5541</td>
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<td>Bamberg County Health Department</td>
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<td>Berkeley County Health Department</td>
<td>(843) 719-4600</td>
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<td>Calhoun County Health Department</td>
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<td>Darlington County Health Department</td>
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<td>Dillon County Health Department</td>
<td>(843) 774-5611</td>
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<td>Dorchester County Health Department</td>
<td>(843) 832-0107</td>
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<td>Edgefield County Health Department</td>
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<td>Fairfield County Health Department</td>
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<td>(843) 661-4835</td>
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<td>Georgetown County Health Department</td>
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<td>Greenville County Health Department</td>
<td>(864) 282-4100</td>
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<td>Greenwood County Health Department</td>
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<td>Hampton County Health Department</td>
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<td>Horry County Health Department</td>
<td>(843) 248-1500</td>
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<td>Jasper County Health Department</td>
<td>(843) 726-7788</td>
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<tr>
<td>Kershaw County Health Department</td>
<td>(803) 425-6012</td>
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<td>Lancaster County Health Department</td>
<td>(803) 286-9948</td>
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<td>Laurens County Health Department</td>
<td>(864) 833-0000</td>
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<tr>
<td>Lee County Health Department</td>
<td>(803) 286-9948</td>
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<tr>
<td>Lexington County Health Department</td>
<td>(803) 791-3580</td>
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Marion County Health Department  
(843) 423-8295

Marlboro County Health Department  
(843) 479-6801

McCormick County Health Department  
(864) 852-2511

Newberry County Health Department  
(803) 3321-2170

Orangeburg County Health Department  
(803) 536-9060

Orangeburg County Health Department  
(803) 536-9060

Pickens County Health Department  
(864) 898-5965

Richland County Health Department  
(803) 576-2980

Saluda County Health Department  
(864) 445-2141

Spartanburg County Health Department  
(864) 596-3337

Sumter County Health Department  
(803) 773-5511

Union County Health Department  
(864) 429-1690

Williamsburg County Health Department  
(843) 355-6012

York County Health Department  
(803) 684-7004

Mental Health Centers

Aiken-Barnwell Mental Health Center  
(Aiken, Barnwell)  
1135 Gregg Hwy.  
P.O. Box 2266  
Aiken, SC 29801  
(803) 641-7700

Anderson-Oconee-Pickens Mental Health Center  
(Anderson, Oconee, Pickens)  
200 Magee Rd.  
Anderson, SC 29625  
(864) 260-2220

Beckman Mental Health Center  
(Greenwood, Edgefield, Abbeville, Laurens, McCormick, Newberry, Saluda)  
1547 Parkway Suite  
Greenwood, SC 29646  
(864) 229-7120

Berkeley County Mental Health Center  
(Berkeley)  
403 Stoney Landing Dr.  
P.O. Box 1030  
Monks Corner, SC 29461  
(843) 761-8282

Catawba Community Mental Health Center  
(York, Chester, Lancaster)  
223 E. Main St., Ste. 300  
Rock Hill, SC 29730  
(803) 328-9600

Charleston Area Mental Health Center  
(Charleston, Dorchester)  
791 E. Bay St.  
MSC 1110  
Charleston, SC 29403  
(843) 727-2000

Community Mental Health Centers

Department of Mental Health State Office  
2414 Bull St.  
P.O. Box 485  
Columbia, SC 29202  
(803) 898-8581
Coastal Empire Mental Health Center
(Beaufort, Allendale, Colleton, Hampton, Jasper)
P.O. Box 1044
1050 Ribaut Rd.
Beaufort, SC 29902
(843) 524-8899

Columbia Area Mental Health Center
(Richland, Fairfield)
2715 Colonial Dr.
P.O. Box 4440
Columbia, SC 29203
(803) 898-4800

Greenville Mental Health Center
(City of Greenville)
124 Mallard St.
Greenville, SC 29601
(864) 241-1040

Lexington County Mental Health Center
(Lexington)
301 Palmetto Park Blvd.
Lexington, SC 29072
(803) 996-1500

Orangeburg Area Mental Health Center
(Orangeburg, Calhoun, Bamberg)
2319 St. Matthews Rd.
PO Drawer 1929
Orangeburg, SC 29118
(803) 536-1571

Pee Dee Mental Health Center
(Florence, Darlington, Marion)
125 E. Cheves St.
Florence, SC 29056
(843) 317-4089

Piedmont Center for Mental Health Services
(Greenville, not including City of Greenville)
20 Powderhorn Rd.
Simpsonville, SC 29681
(864) 963-3421

Santee-Wateree Mental Health Center
(Sumter, Kershaw, Clarendon, lee)
P.O. Box 1946
215 North Magnolia St.
Sumter, SC 29151
(803) 775-9364

Spartanburg Area Mental Health Center
(Spartanburg, Cherokee, Union)
250 Dewey Ave.
Spartanburg, SC 29303
(864) 585-0366

Tri-County Mental Health Center
(Dillon, Chesterfield, Marlboro)
1035 Cheraw Hwy.
P.O. Box 918
Bennettsville, SC 29512
(843) 454-0841

Waccamaw Center for Mental Health
(Horry, Georgetown, Williamsburg)
164 Waccamaw Medical Park Dr.
Conway, SC 29526
(843) 347-5060

SC Commission for the Blind
State Office
1430 Confederate Ave.
Columbia, SC 29202
(803) 898-8700
1 (800) 922-2222

Aiken District Office
855 York St. NE
Aiken, SC 29801
(803) 641-7658

Columbia District Office
1430 Confederate Ave.
Columbia, SC 29202
(803) 898-8700

Charleston District Office
Fairfield Office Park, Ste. 109
Charleston, SC 29407
(843) 852-4255
Conway District Office
900 4th Ave.
Conway, SC 29526
(843) 248-2017

Florence District Office
217 Dozier Blvd.
Florence, SC 29501
(843) 661-4788

Greenville District Office
620 North Main St.
Greenville, SC 29601
(864) 241-1111

Rock Hill District Office
1020 Heckle Blvd.
Rock Hill, SC 29730
(803) 980-8140

Walterboro District Office
101 Maple T. Willis Blvd.
Walterboro, SC 29488
(843) 539-1156

Greenwood District Office
2345 Hwy. 72
221 East
Greenwood, SC 29649
(864) 223-3334

Greer District Office
202 Victoria St.
Greer, SC 29650
(864) 877-2384

S.C. State Library and Department for the
Blind and Physically Handicapped
1430 Senate St.
Columbia, SC 29202
(803) 734-8666

**Adult Education**

S.C. Department of Education
1429 Senate St.
Rutledge Building
Columbia, SC 29201
Office of Adult Education: (803) 734-8500

**Aging Organizations**

American Association of Retired Persons
(AARP)
1201 Main St.
Columbia, SC 29201
(803) 251-4374

S.C. Gerontological Society
3 Old Mill Ct.
Columbia, SC 29206
(803) 434-1217

S.C. Adult Day Care Association
P.O. Box 1763
Columbia, SC 29205

Alzheimer's Disease and Related Disorders
Association, Inc. (ADRDA)
National Headquarters
360 N. Michigan Ave.
Chicago, IL 60601
1 (800) 621-0379

Alzheimer's Dementia Registry
USC School of Public Health
Columbia, SC 29208
(803) 734-9137

Upstate Chapter Alzheimer’s Association
521 N. McDuffie St.
Anderson, SC 29621
1 (800) 273-2555

**SC Silver Haired Legislature**

The Silver Haired Legislature was created by lawmakers in 1999 to advise the General Assembly on issues of importance to older South Carolinians. Participants are chosen in each county in coordination with the state’s 10 Regional Area Agencies on Aging.

Contact: Thomas Lloyd
1162 Gunter Circle
West Columbia, SC
(803) 794-2563

**Association of SC State Retirees**

The South Carolina State Employees
Association was formally established in 1945 to advance the welfare of state employees and retirees. Over the years, SCSEA has successfully lobbied for many programs to improve the income, pensions, and benefits of state employees and retirees.

P.O. Box 8447, Columbia, SC 29202-8447
1325 Park St, Columbia, SC 29201
Toll Free: (877) 882-4025
Local: (803) 765-0680  Fax: (803) 779-6558
Email: scsea@scsea.com

**SC Independent Living Council**
The SC Independent Living Council (SCILC) is non-profit organization that has a Governor appointed Council consisting of 21 members representing cross-disabilities throughout the State of South Carolina. The SCILC oversees the direction and expenditure of Title VII Part B funds. The Federal regulations require Council participation by at least 51% of people with significant disabilities; 95% of the SCILC voting membership is people with disabilities. The Council promotes the independent living philosophy.

801 Dutch Square Blvd Suite 214
Columbia SC 29210
Voice and TDD: (803) 731-1607

**SC Joint Legislative Committee on Aging**
The JLCA was created by the General Assembly to “conduct continuing studies of public and private services, programs, and facilities for the aging in S.C., and report its findings and recommendations annually to the General Assembly.” (SC Code of LawSec. 2-51-10)

The Committee has 9 members; 3 appointed by the President of the Senate, 3 appointed by the Speaker of the House & 3 appointed by the Governor. Current membership includes Senators: Ronnie W. Cromer, Prosperity; J. Yancey McGill, Kingstree; and Glenn G. Reese, Inman; Representatives: Thomas N. Rhoad, Branchville; Denny W. Neilson, Darlington; Walt J. McLeod, Little Mountain; and Governors Appointees: Linda Mitchell Johnson, Florence; John W. “Bill” Riser, West Columbia; and Ollie L. Johnson, Columbia. Rep. Neilson currently serves as Chairperson.

212 Blatt Building
PO 11867
Columbia, SC 29211
(803) 734-3153

**SC Education Association – Retired**
The SCEA-Retired continuously monitors the South Carolina Retirement System to ensure that member benefits will not be cut and will continue to increase as the cost of living increases. We ensure that the benefits our retired members have worked so diligently to secure will remain stable and secure.

421 Zimalcrest Drive
Columbia, South Carolina 29210
(803) 772-6553 (in-state)
(800) 422-7232 (out-of-state)
(803) 772-0922 (fax)
webmaster@thescea.org
www.jointhescea.org