

David Schied  
P.O. Box 321  
Spearfish, SD 57783  
605-340-4439 (all calls recorded)

# **ADDENDUM**

## **to signatures**

2/11/23 (finished 2/17/23)

Robert Morris, “DSS” Attorney  
P.O. Box 370  
Belle Fourche, SD 57717-0370  
[bobmorris@westriverlaw.com](mailto:bobmorris@westriverlaw.com) and

Copied also to:  
“*The Supremes*”  
SOUTH DAKOTA SUPREME COURT  
c/o Shirley Jameson-Fergel (COC)  
500 East Capitol Ave.  
Pierre, SD 57501

Copied also to:  
Kim Terrill, BENEFITS  
SPECIALIST  
DEPT OF SOCIAL  
SERVICES  
609 FIFTH AVE  
BELLE FOURCHE SD  
57717

RE: FORMS with qualification of signatures attached as based upon the content herein; REPORT of FOUR (4) quantified “COUNTS” of named “CO-TRUSTEE” **Kim Terrill** under employ of the so-called “DEFENDANT/APPELLLEE” named as “DSS” conducting unauthorized contact with me as WELFARE “BENEFICIARY” outside of the litigation protocols, rules, procedures, and/or laws governing “REPRESENTATION” by “DSS” counsel ... as “INTERFERENCE WITH OFFICIAL PROCEEDINGS” timed with Seditious Behaviors of Robert Morris in FRIVOLOUS “MOTION TO DISMISS” for which I filed a (FIRST) “MOTION FOR SANCTIONS” and by which this instant “REPORT OF FOUR COUNTS” accompanies this instant “SECOND MOTION FOR SANCTION”

TO: “DSS ATTORNEY” / STATE BAR CRIME SYNDICATE member / “SPECIAL ASSISTANT ATTORNEY GENERAL” Robert Morris; and,

TO: SOUTH DAKOTA SUPREME COURT JUSTICES Steven R. Jensen, Janine M. Kern, Mark E. Salter, Patricia J. DeVaney and Scott P. Myren.

In taking a more thorough review of the “FORMS” that you have required me to sign “under penalty of [criminal] perjury” as a so-called “beneficiary” of any “program” sponsored by or affiliated with the UNITED STATES DEPARTMENT OF AGRICULTURE, I see a familiar pattern used by virtually all GOVERNMENTS and their licensed AGENTS and CORPORATE “servicers” of issuing “threats” (i.e., “penalties” of fines, disqualifications, termination of services, criminal prosecutions, etc.) for information placed into the limited four corners of YOUR page design that may be interpreted by any of you as being anything other than “true and accurate,” but without leaving room for the freedom of expression so often needed to qualify elements of my “answers” as absolutely “true” or absolutely “accurate” to the best of MY own “information and belief.” Therefore, I am writing this “**ADDENDUM**” to ensure that the “UNDERSTANDINGS” of these “LEGAL AGREEMENTS” are placed into proper perspective before being “subject to a FEDERAL or STATE audit.”

It should be significantly noted herein, up front, that YOUR “STATE AGENT” **Kim Terrill** has **MISREPRESENTED herself in assuring me** – **both orally and in writing** and both times being UNAUTHORIZED “COUNTS” of “OBSTRUCTION of official proceedings”) – **that she was transferring the information that I provided last year on the “SNAP RENEWAL FORM” over to the “RECERTIFICATION” FORM that she had initially had sent to me OUTSIDE THE PRESENCE OF HER ATTORNEY Robert Morris, in threat against my “award/grant” by the SOUTH DAKOTA SUPREME COURT of “ENLARGED/EXPANSION OF TIME,” which I desperately NEEDED TO COMPLETE MY “APPEAL” of “THE STATE’s” long history of COERCION UPON ME stemming from Kim Terrill’s earlier action this time last year.**

**COUNT ONE – (Jan. 1, 2023 when writing “BRIEF ON APPEAL”)**

DSS-EA-306 10/12

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CASE NAME: SCHIED, DAVID E

CASE #: 000522733

SECTION: 1

**RENEWAL NOTICE**

Your **SNAP** *MSP* benefit is due for renewal.

You have two options to complete your renewal. You can either go online to complete the renewal or you may complete the enclosed paper form. You must also complete an interview.

Please submit your renewal form **no later than** *February 1, 2023*

\* Your **SNAP benefits may be late** if the renewal process is not completed by **FEB 15, 2023**

\* Your benefits will end **FEB 28, 2023** if you do not complete the renewal process.

YOU ARE SCHEDULED FOR A TELEPHONE INTERVIEW. I WILL CALL YOU AT 605-580-5121.  
If your telephone number has changed, the date and time listed for  
the interview will not work, you would prefer an interview in the office,  
or you miss your interview, please call me to reschedule.

Your interview is scheduled for *February 2* at *2:30*.

To complete the renewal online, you can go to: <https://dss.sd.gov/applyonline>

After clicking on “Complete My Yearly Renewal”, you will be given additional information regarding the website and allowed to enter a password. You will then be asked to enter the following information:

In Field 1, enter your Pin # **WQYC**

In Field 2, enter your date of birth (Must use this format with / : mm/dd/yyyy - example: 01/15/1951)

In Field 3, enter the county where you live

In Field 4, enter your case number

If you enter the information shown above into the DSS Online system, current information from your file will be displayed. Review the information, correct any information that has changed, and add any new information. (You can also choose to submit an online renewal without entering the four items listed above. If you choose this option, information from your file will not be displayed, but you can still complete the form online.)

**You must also provide proof of the following information.** *Bank statement*

- > Amount and source of all income
- > Proof of where you live, if it has changed
- > SNAP only: Rent, home ownership, and/or utility expenses, if you want to claim a deduction for these expenses. (Utility expenses are heat, electricity, phone, water, sewage, garbage.)
- > SNAP only: Medical expenses for anyone in your household age 60 or older or permanently disabled, if you want to claim a deduction for those expenses.

In addition, complete and return these forms before your scheduled interview.

- ( ) DSS-EA-208, Release Form
- ( ) DSS-EA-314, Medical Expense Sheet
- ( ) DSS-EA-231, DSSEA-232, or SE-459

**JAN 1, 2023**

PHONE NUMBER: 605-892-2731 EXT: 221  
TOLL FREE: 877-390-0093  
FAX: 605-892-3616

**Kim Terrill**, EA Benefits Specialist  
605-892-2731 ext. 1500221  
[kim.terrill@state.sd.us](mailto:kim.terrill@state.sd.us)

- > If you are unable to complete the SNAP forms and have appointed an **authorized representative**, he/she may assist in completing the forms.
- > If all members of your household are now receiving SSI (Supplemental Security Income) or plan to apply for SSI, you may complete the SNAP renewal process at the Social Security Office. If you choose to do this you must contact the Social Security Office.
- > **If you disagree with a decision, denial, or delay of your benefits, you may request a fair hearing.**
- > For SNAP, you have the right to receive an application upon request and have it accepted with only name, address, and signature.

**COUNT TWO – (Jan. 24, 2023 when writing “BRIEF ON APPEAL”)**



South Dakota  
Department of  
**Social Services**

Division of Economic Assistance  
DSS-EA-209 04/21

# NOTICE OF ACTION

NOTICE FOR: DAVID E SCHIED (000522733)

DAVID E SCHIED  
PO BOX 321  
SPEARFISH SD 57783-0321

THIS NOTICE IS BASED ON FACTS FOR  
FEBRUARY, 2023

## SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP):

BEGINNING FEB 01, 2023, YOUR SUPPLEMENTAL NUTRITION ASSISTANCE WILL  
DECREASE FROM \$ 225.00 TO \$ 180.00 BECAUSE:  
UNEARNED INCOME WENT UP FROM \$ 1164.00 TO \$ 1265.00 .  
FUTURE SNAP BENEFITS WILL BE DEPOSITED INTO YOUR EBT ACCOUNT ON THE TENTH  
OF EACH MONTH IN THE AMOUNT OF \$ 180.00 UNLESS YOUR CIRCUMSTANCES CHANGE.

\*\*\*\* IMPORTANT \*\*\*\*

YOU MUST REPORT WHEN YOUR FAMILY'S GROSS MONTHLY INCOME (BEFORE  
DEDUCTIONS) IS MORE THAN \$ 1473.00. GROSS MONTHLY INCOME IS ALL INCOME  
RECEIVED BY YOUR FAMILY, BOTH EARNED AND UNEARNED. YOU MUST REPORT THE  
INCREASE IN INCOME TO ME NO LATER THAN THE 10TH OF THE NEXT MONTH.  
IF THERE ARE NEW INDIVIDUALS IN THE FAMILY, INCLUDE THEIR INCOME.

THE FOLLOWING INFORMATION WAS USED FOR FEBRUARY, 2023

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	
UNEARNED INCOME	+\$ 1265.00
RENT/HOME EXPENSE	-\$ 422.00
UTILITY ALLOWANCE	-\$ 850.00
BENEFITS FOR 1 PERSON(S) WITH THE ABOVE INCOME AND EXPENSES = \$ 180.00	

SOME NUMBERS MAY BE ROUNDED ACCORDING TO PROGRAM RULES.

**JAN 24, 2023**

TELEPHONE NUMBER  
605-892-2731 EXT 221  
OR TOLL FREE  
877-390-0093

**KIM TERRILL**  
BENEFITS SPECIALIST  
DEPT OF SOCIAL SERVICES  
609 FIFTH AVE  
BELLE FOURCHE SD 57717

**RIGHT TO HEARING** – If you believe this action is not correct, you may request a hearing to appeal the decision. If you want to appeal, you must do so within the time periods explained below. If you request a hearing, you may be represented by yourself, an authorized representative, relative, friend, legal counsel or other person. Any cost of legal counsel will be your responsibility. Free legal help is available in many communities.

**TIME PERIOD FOR REQUESTING A HEARING** – For Temporary Assistance for Needy Families (TANF) and Medical Assistance, your request for a hearing must be made within 30 days of the date this notice was sent. If you want your benefits to continue until a hearing decision is received, see the next section. For Supplemental Nutrition Assistance Program (SNAP), you have the right to appeal within 90 days if you disagree with any action made regarding your SNAP benefits. If you want your benefits to continue until a hearing decision is received, see the next section.

**STATUS OF BENEFITS DURING THE HEARING PROCESS** – If you are currently receiving benefits and request a hearing within 10 days of the date this notice was sent, you have the right to continue receiving benefits. The benefits will continue in the old amount until a hearing decision is received, or in the case of SNAP benefits, until your SNAP certification period ends, whichever happens first. Changes reported before the hearing decision is received may be used to re-determine your benefits as long as the reported change is not related to the hearing issue. If you request a hearing, be sure to check in the space below if you do or do not want to receive continued benefits. For continued Medical Assistance benefits, the request must be made within 10 days of receipt of the notice. The date the notice is received is considered to be 5 days from the date on the notice unless you can satisfactorily show (within 30 days of the date the notice was sent) that you did not receive the notice within the 5 day period.

If the action explained in this notice is the addition of a Protective Payee and you request a hearing within 10 days of the date this notice was mailed, you have the right to continue receiving the TANF payment without the Protective Payee until the hearing decision is received.

**HOW TO REQUEST A HEARING** – To request a hearing, you should sign, date and check the box in the space below showing which Program's action you

AFTER FIVE DAYS RETURN TO:  
SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES



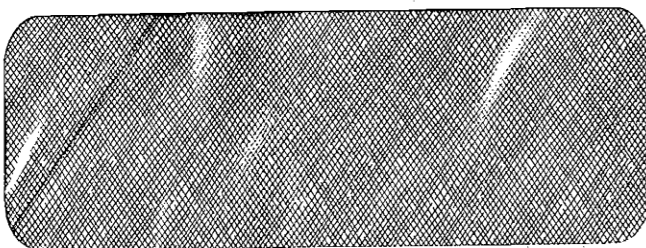
DIVISION OF ECONOMIC ASSISTANCE  
700 GOVERNORS DRIVE  
PIERRE, SD 57501-2291

RETURN SERVICE REQUESTED

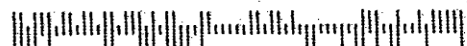
FIRST CLASS AUTO  
U.S. POSTAGE PAID  
PERMIT 1024  
PIERRE, SD

*South Dakota*

Nothing on envelope  
to show when this  
notice was sent



8 LRDQNP1 57763





**COUNT THREE – (Feb. 1, 2023 when writing “BRIEF ON APPEAL”)**

YOU ARE SCHEDULED FOR A TELEPHONE INTERVIEW. I WILL CALL YOU AT 605-580-5121.  
If your telephone number has changed, the date and time listed for  
the interview will not work, you would prefer an interview in the office,  
or you miss your interview, please call me to reschedule.

Your interview is scheduled for February 2 at 2:30.

NOTE that, as detailed in my RECORDED phone conversation with Kim Terrill on 2/28/22 presented for this SUPREME COURT case in “APPENDIX A” as the file appearing on page 140 as:

“022822 KimTerrill-30mininterview4renewSNAPfood.wav” ...

... I made clear that I needed from “*THE STATE*” the “*reasonable accommodation*” – as required on the ADA as legislation from CONGRESS – of being provided the “*least restrictive environment*” of being able to set my own schedule when responding to this STATE “AGENT’s” DEMAND that I participate in a “*phone interview*” with me. Yet even with her RECORDED acknowledgment of my request/demand made last year, Kim Terrill did NOTHING to accommodate me again this year.

Besides working in a CONSPIRACY with her “DSS LEGAL COUNSEL” Robert Morris so to time this needed call nearly three week BEFORE the anniversary of the call from the previous year (2/28/22) – AND SO TO INTERFERE WITH THE “*PRECEEDINGS*” IN THE SUPREME COURT (along with Morris’ own FRIVOLOUS filing of a “*MOTION TO DISMISS*” on 1/9/23 to serve that same “*OBSTRUCTIONIST*” objective) – Kim Terrill again DICTATED to me her COMMANDS in violation of my THIRTEENTH AMENDMENT guarantee against “*INVOLUNTARY SERVITUDE*.” As such, my FEE SCHEDULE of “\$2,000,000 per incident” is being applied in anticipation that the STATE BAR CRIME SYNDICATE will pull all stops to keep me from receiving “fair compensation” for this untimely demand – issued under THREAT of losing my rightful “benefits” – while also rewarding this “agent” with a second tier of CRIMINAL COVER-UP of this “predicate” CRIME of “deprivation of rights under color of [the ADMINISTRATIVE PROCEDURES ACT].”

**COUNT FOUR – (Feb. 15, 2023 after submitting my “BRIEF ON APPEAL”)**

You have two options to complete your renewal. You can either go online to complete the renewal or you may complete the enclosed paper form. You must also complete an interview.

Please submit your renewal form no later than February 1, 2023

\* Your SNAP benefits may be late if the renewal process is not completed by FEB 15, 2023

\* Your benefits will end FEB 28, 2023 if you do not complete the renewal process.

As the date of the completion of this instant “ADDENDUM TO MY SIGNATURE” is not until 2/17/23 – being still a full WEEK PRIOR to the anniversary “due date” from the previous year – according to Kim Terrill’s own written THREAT, I can expect to be deprived of my SNAP “*Benefit*” and blamed by her as being the “*cause*” of this action occurring against me at the “*dirty hands*” of the STATE. Therefore, any adverse action taken against me in accordance with that earlier THREAT – which will cost me in LABOR (i.e., “*involuntary servitude*”) in rectifying and remedying my DAMAGES will again be subject to my FEE SCHEDULE (at “\$2,000,000 per incident”) as I continue to address this

**MALFEASANCE** on behalf of the STATE and UNITED STATES “**TAXPAYERS**” who are unwarily funding these multi-tiered and multi-faceted **CRIMES**.

As presented in this SUPREME COURT “**APPEAL**” in “**APPENDIX A**” and “**APPENDIX B**”:

Kim Terrill’s actions last year constituted the **SECOND “ADMINISTRATIVE ‘DEEP’ STATE” APPEAL** that the “*principals*” of “*THE STATE*” have long “*hidden*” and “*buried*” since before the **SEDITIONOUS** and **TREASONOUS** acts were subsequently committed at the so-called “**DSS HEARING**” on **5/5/22** ... whereby my **VIDEO DOCUMENTARY FOOTAGE** captured the “*railroading*” of just ONE of the other “**TWO MORE APPEALS**” that WERE NEVER “*HEARD*” and which remain outstanding in **CONSTRUCTIVE DENIAL** of my constitutionally guaranteed “*due process*” Rights.



South Dakota  
Department of  
**Social Services**

Division of Economic Assistance  
DSS-EA-209 04/21

## NOTICE OF ACTION

NOTICE FOR: DAVID E SCHIED (000522733)

DAVID E SCHIED  
PO BOX 321  
SPEARFISH SD 57783-0321

This establishes a “**FRAUDULENT PAPER TRAIL**” IN  
CLAIM I HAVE ADMITTED TO HAVING A “**MENTAL OR  
EMOTIONAL**” DISORDER!

THIS NOTICE IS BASED ON **FACTS** FOR  
FEBRUARY, 2022

### MEDICAL:

YOUR MEDICAL ASSISTANCE APPLICATION FOR FEBRUARY, 2022 HAS BEEN DENIED FOR THE FOLLOWING PEOPLE BECAUSE:

YOU INDICATED ON THE APPLICATION THE FOLLOWING INDIVIDUAL(S) HAS A PHYSICAL, MENTAL OR EMOTIONAL HEALTH CONDITION THAT CAUSES LIMITATIONS (LIKE BATHING, DRESSING, DAILY CHORES, ETC) OR LIVES IN A MEDICAL FACILITY OR NURSING HOME. THEREFORE, THIS PERSON MAY BE ELIGIBLE IN ANOTHER MEDICAL ASSISTANCE PROGRAM. THE DEPARTMENT OF SOCIAL SERVICES WILL CONTACT YOU TO GATHER ADDITIONAL INFORMATION TO DETERMINE IF THE INDIVIDUAL(S) IS ELIGIBLE.

DAVID E SCHIED

WHILE YOU ARE WAITING FOR AND ELIGIBILITY DETERMINATION FOR ONE OF THESE MEDICAL ASSISTANCE PROGRAMS, YOU ARE ELIGIBLE TO ENROLL IN INSURANCE COVERAGE THRU THE MARKETPLACE AND MAY BE ELIGIBLE FOR HELP PAYING FOR THE COVERAGE. THIS PERSON'S APPLICATION INFORMATION HAS BEEN FORWARDED TO THE MARKETPLACE. YOU WILL BE CONTACTED DIRECTLY BY THE FEDERALLY FACILITATED MARKETPLACE REGARDING ELIGIBILITY FOR HELP PAYING FOR INSURANCE COVERAGE.

CONTACT YOUR ECONOMIC ASSISTANCE BENEFITS SPECIALIST IF YOU HAVE ANY QUESTIONS.

INDIVIDUALS DENIED FOR MEDICAID STILL MAY BE ABLE TO GET HEALTH INSURANCE - AND HELP PAYING FOR IT - THROUGH THE HEALTH INSURANCE MARKETPLACE. FOR MORE INFORMATION ON THE HEALTH INSURANCE MARKETPLACE, PLEASE CALL 1-800-318-2596 (TTY: 1-855-889-4325).

\* \* \* \* DO NOT THROW YOUR PLASTIC MEDICAL CARD AWAY \* \* \* \*

IF YOU BECOME ELIGIBLE FOR MEDICAL ASSISTANCE AGAIN, YOU WILL NEED TO USE THE SAME PLASTIC MEDICAL CARD. YOUR MEDICAL CARD WILL NOT WORK WHEN YOU ARE NOT ELIGIBLE FOR MEDICAL ASSISTANCE.

FEB 23, 2022  
DATE

KIM TERRILL  
BENEFITS SPECIALIST 892-2731  
DEPT OF SOCIAL SERVICES  
609 FIFTH AVE  
609 FIFTH AVE  
BELLE FOURCHE SD 57717-1405



As noted on the back of the letter appearing on the preceding page, I have the ADMINISTRATIVE option to “*appeal*” what I do not agree with as explained above in full.

#### How to request a hearing

If you believe we've made a mistake or you do not agree with the action the Department has taken, you may appeal our decision. You can have a conference with your Benefits Specialist and receive a full explanation of the proposed action as long as you request the conference within 15 days of when the notice was sent to you.

If you still do not agree with the proposed action or wish to proceed directly to a hearing, you may begin the process by filing a signed, written request for a hearing to the Office of Administrative Hearings, 700 Governors Drive, Pierre, SD 57501-2291, Fax (605) 773-6873. You may also request a hearing via telephone by calling (866) 357-2544 or by e-mail at [ADMHRNGS@STATE.SD.US](mailto:ADMHRNGS@STATE.SD.US). The request must state the action that is being appealed. At both the conference and the fair hearing, you can present your case by yourself or with assistance of others including legal counsel. The cost of legal counsel will not, however, be the responsibility of the Department. You may request a hearing up to thirty (30) days after notice of the proposed action, or thirty (30) days after action should have been taken as provided by law or rule.

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For more on the above-referenced previous actions taken by “DSS ATTORNEY” and the STATE’s “SPECIAL ASSISTANT ATTORNEY GENERAL” Robert Morris’ “client” Kim Terrill, see “APPENDIX A” and “APPENDIX B” accompanying my “BRIEF ON APPEAL” that was timely submitted last Friday (barely) in spite of the COORDINATED and TORTUOUS efforts of Morris and his client Terrill to cause me further delay by their DEMANDS upon my time under such THREATS of both “DISMISSING” my entire “APPEAL” in the Supreme Court (which was alleviated by “Chief Justice” Jensen’s “DENIAL” of Morris’ “MOTION TO DISMISS”), and now “DENYING” further “SNAP BENEFITS” (WHICH IS STILL A STANDING THREAT BY Morris’ REPRESENTED CLIENT) while feinting that EACH are all “my fault” for not keeping up with THEIR IMPOSED “protocols, rules, procedures, etc.” WITHOUT the application of “ADA ‘REASONABLE ACCOMMODATIONS’” as DEMANDED BY ME LAST YEAR with “NO CHANGES” (either to the “SNAP RENEWAL” FORM or regarding the nature of my DISABILITY). These THREATS against me occurred – both last and again this year – despite my being a “totally and permanently disabled quad-amputee.”

Importantly, while these “DSS FORMS” state what may happen against ME if YOU find and/or interpret discrepancies of “FACTS” between what I “sign to under penalty of perjury” – as “FRAMED IN” BY YOU as my answers [i.e., with limited space, FRAUDULENT wording such as SOCIAL SECURITY “BENEFITS” being wrongly considered by YOU as “INCOME,” being a “TAX” word applied to me as “NOT A TAXPAYER”) and having me swear (“under penalty of perjury”) to the opposite of what I know as “true” under such THREAT(s)] – there are no conditional reminders written into YOUR PROFFERED CONTRACT (i.e., your “RECERTIFICATION” FORM) for what consequences await YOU for such illegal shenanigans as I have witnessed and RECORDED this far over the course of the past TWO YEARS.

### When Will I Get Assistance?

**Supplemental Nutrition Assistance Program (SNAP):** You must complete the entire application, have an interview, and provide ID.

**SNAP Benefits within 30 days:**

You will receive SNAP benefits within 30 days if you are eligible. If you are not eligible you will receive a letter of explanation.

**SNAP Benefits within 7 days:** If you are eligible, you will receive benefits within 7 days if you meet one of the following:

- Households with gross monthly income less than \$150 and resources of \$100 or less; or
- Households with rent, mortgage, and utilities that are more than the household's gross monthly income and resources; or
- Households with a migrant or seasonal farm worker with resources (including cash, checking and savings accounts) of \$100 or less, whose income is stopping or starting.

**Medical Assistance within 45 days:**

You will receive notice of your eligibility determination within 45 days after receipt of the application for most medical programs.

**Temporary Assistance for Needy Families (TANF) within 30 days:**

Benefits will be determined from the date the signed application is received. (An application for TANF requires another form.)

If applying for children's medical, your SNAP information and data will be used to determine the children's Medicaid eligibility unless you request us not to do so.

I certify that I will give the South Dakota Department of Social Services all information needed to review my application for TANF, SNAP, and Medical programs. This information will be true and correct to the best of my knowledge.

**Signature:** /s/ David Schied \* ALL RIGHTS RESERVED

**Today's Date:**

SEE attached "ADDENDUM TO ... **RECEIVED** SIGNATURE"

2/15/23

(Signing here will start your application. You must also sign page 11 before you can receive any benefits.)

FOR AGENCY USE ONLY

Expedited: ☐ Yes ☐ No  
Application: ☐ New ☐ Renewal

Receipt Date JAN 20 2023

Case Number

000522733

DSS  
Belle Fourche, SD



**Read the Following Sections Carefully**

- I agree to inform the SD Department of Social Services when
  - my household's income exceeds the maximum amount for my household size; **or**
  - I or one of my household members is eligible only because of working 20 hours a week and the employment stops or hours decrease to less than 20 hours a week; **or**
  - You or one of your household members receive lottery or gambling winnings of \$3,500 or more (before taxes or other deductions). Winnings must be reported within 10 days of their receipt.
- I agree that everyone receiving SNAP benefits will cooperate with work requirements, unless exempt.
- I understand that any person required to cooperate with work requirements who does not cooperate, will not receive SNAP.
- If receiving Medical Assistance, I agree to inform the SD Department of Social Services if the number of persons living with me or a pregnancy status changes, if there is a change in income, tax filing status changes, or a change in insurance.
- I understand that by applying for and accepting medical assistance, I assign any proceeds or any other third-party support, for each person for whom Medical coverage was requested, to the SD Department of Social Services.
- I understand that if any child on this application has a parent living outside the home, I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm my children, I can tell Medicaid and I may not have to cooperate.
- I understand that if any of my children on this application has a parent living outside the home, I will be asked to cooperate with the agency that collects child support from an absent parent for SNAP and TANF eligibility. If I do not cooperate, I understand I will not be eligible for SNAP and TANF benefits. If I think that cooperating to collect child support will harm me or my children, I can tell my Benefits Specialist and I may not have to cooperate.
- I understand I have the right to appeal if my SNAP and/or TANF application is not acted on within 30 days or my medical application is not acted on within 45 days by Economic Assistance.
- I understand I have the right to appeal within 90 days, if I disagree with any action made regarding my SNAP benefits. I also understand that I have the right to appeal within 30 days if I disagree with any decision made regarding my TANF and/or Medical Assistance application.
- Federal and state laws and regulations limit the use and disclosure of confidential or protected health information about applicants and recipients of assistance programs.
- Social Security numbers must be provided for all members applying for or receiving assistance. (Public Law 104-193 governing TANF, authorized under the Food and Nutrition Act of 2008 as amended through Public Law 110-246, and ARSD 67:46:01:12 governing Medical Assistance): Individuals applying for assistance may request help in obtaining Social Security numbers. Social Security numbers will not be shared with Federal immigration. Social Security numbers and all other information provided will be used or disclosed in order to determine eligibility and benefit level, prevent duplicate participation, verify the accuracy of information provided, verified through computer cross matches with other Federal and State agencies (Department of Labor, Social Security, Internal Revenue Service, etc.) when a discrepancy is found, assist in collection of benefit overpayments, used for program compliance and management, and apprehend persons fleeing to avoid the law, if requested.

**PENALTIES:** for government "agents and principals" who do not "faithfully perform

If you do the following...	You will...
<ul style="list-style-type: none"> <li>Hide information or make false statements</li> <li>Use SNAP benefits that belong to someone else</li> <li>Use SNAP benefits to buy alcohol or tobacco</li> <li>Trade or sell SNAP benefits, South Dakota EBT cards, or groceries purchased with SNAP benefits</li> </ul>	<ul style="list-style-type: none"> <li>Lose SNAP and/or TANF benefits for: the STATE and UNITED STATES</li> <li>12 months for the first offense</li> <li>24 months for the second offense</li> <li>Permanently for the third offense</li> <li>May be referred for criminal prosecution</li> </ul>
<ul style="list-style-type: none"> <li>Trade SNAP benefits for controlled substances such as drugs</li> </ul>	<ul style="list-style-type: none"> <li>Lose SNAP benefits for:</li> <li>24 months for the first offense</li> <li>Permanently for the second offense</li> </ul>
<ul style="list-style-type: none"> <li>Trade SNAP benefits for firearms, ammunition, or explosives</li> <li>Trade, buy, or sell SNAP benefits of \$500 or more</li> </ul>	<ul style="list-style-type: none"> <li>Lose SNAP benefits permanently</li> </ul>
<ul style="list-style-type: none"> <li>Give false information when applying for or receiving assistance</li> </ul>	<ul style="list-style-type: none"> <li>Be fined up to \$1000 or sentenced up to 12 months in county jail, or both, if convicted of a misdemeanor</li> <li>Be fined up to \$2000 or sentenced up to 2 years in prison, or both, if convicted of a felony</li> </ul>
<ul style="list-style-type: none"> <li>Give false information with respect to the identity or place of residence in order to receive multiple SNAP benefits simultaneously</li> </ul>	<ul style="list-style-type: none"> <li>Lose SNAP benefits for 10 years.</li> </ul>
<ul style="list-style-type: none"> <li>Give false information affecting eligibility of Medical Assistance</li> </ul>	<ul style="list-style-type: none"> <li>Lose Medical Assistance up to a year</li> <li>Be fined up to \$5000 or sentenced up to 5 years in prison, or both, if convicted</li> </ul>
<p>You can also be fined up to \$250,000 or sentenced to prison up to 20 years, or both, for doing these things. You may also be charged under other Federal or State programs and could be ordered to repay the cost of that assistance. You may also be barred from receiving SNAP for an additional 18 months if court ordered. You can also be charged with perjury.</p>	

I understand that the information on this form is subject to verification by Federal, State, and local officials to determine that such information on this application is correct and complete including citizenship and alien status of the members applying for benefits. If any information is found to be incorrect, benefits may be reduced or terminated, and I will be responsible for paying the benefits back. I declare and affirm under penalties of perjury that this application has been examined by me and to the best of my knowledge and belief is in all things true and correct. I understand I may be subject to criminal prosecution for knowingly providing incorrect information. I have read and understand the legal information and understand my responsibilities and agree to fulfill them. I understand the penalties for giving false information or breaking the rules of the assistance program(s).

<b>Signature of Applicant:</b> /s/ David Schied (SEE attached "ADDENDUM TO SIGNATURE")	<b>Date:</b> 2/15/23
(ALL RIGHTS RESERVED) The digital "signature" is	
<b>Signature of Authorized Representative:</b> authorized as a "reasonable accommodation" under the	<b>Date:</b>

AMERICANS WITH DISABILITIES ACT for a totally and permanently disabled person





## Authorization to Furnish/Release Information

All adult household members should read and sign this Authorization to Furnish/Release Information form. This form may be used to help verify information you provide to process your application. If you need additional copies of this form, please contact your local office or download from the website.

Case Name: David Schied

ALL of my inalienable RIGHTS to constitutional

To Whom it May Concern: guarantees are RESERVED!

NOTE: "Any representative" must show proof of qualifications to ...

I give my consent for any person, agency, or institution to supply information to the Department of

Social Services, about me or my household, and to allow inspection and copying of records about me

or my household by any representative of the Department. ... include first answering my

previous "Open Records" requests for personnel deciding upon DENIALS.

I authorize the Department to release information to providers, state, or federal agencies, but only

so long as the information is supported by an accountable human being,,,

I release any person, agency, or institution from any liability to me or my household for supplying such

information...testifying to truth and accuracy of the information provided.

This consent is given only for use by the Department in administration of its benefit programs.

I know that i have the right to challenge the accuracy of any information furnished by "any person, agency or institution."

/s/ David Schied (SEE attached "ADDENDUM TO SIGNATURE")

Signature of Applicant/Recipient

Date 2/15/23

(ALL RIGHTS RESERVED")The digital "signature" of "/s/" is authorized as a

"reasonable accommodation" under the AMERICANS WITH DISABILITIES ACT for a

Signature of Spouse/Guardian

Date

totally and permanently disabled quad-amputee.

**As such, I am compelled to write the following as my  
“ADDENDUM TO MY [conditional legal] SIGNATURE” as  
shown below applied in these THREE (3) places on YOUR  
FORM:**

These “STATE” and “UNITED STATES” (government “ADMINISTRATIVE ‘DEEP’ STATE”) “agents” and “principals” are the “people” who have been and continue to be otherwise exposed by others and myself as being associated with trends and “presumptions” that **UNLAWFULLY** authorize government expansionism, government elitism, and the governments’ employment of Critical Race Theory (“CRT”), reverse discrimination and racism, and so-called “equity” ... so to undermine God-given freedoms otherwise guaranteed to all of us Sovereign Americans. They have done this through their demonstration of deep distrust and hostility toward **law-abiding elderly, poor and disabled American people like me** who support and defend constitutional bounds on our government “servants” as service providers to us sovereign People. These “poor, elderly, and disabled” are the true “beneficiaries” of this American system of governance by what was originally meant to be a **Constitutional Republic** (and not a “democracy of ‘mob rule’” or a “rule of the government, corporate and private elite” as it has otherwise appeared to be run for the past couple of decades, if not longer).

Importantly, **YOUR FORM does not acknowledge that the word “INCOME” is a “tax” word applicable to “TAXPAYERS” under “tax” law; yet it is being wrongly applied to me in the “authority” to collect information about me.** This is being done in spite of the FACT that I am a “beneficiary” of the SOCIAL SECURITY system and no longer a “contributor” to that system „, **by the application of an unconstitutional “double-tax” upon my previous labor as my inalienable right to private “property.”** The FACT is that – particularly since losing both of my legs and seven (7) of my fingers to “sepsis” disease just over four (4) years ago – **I am not exercising my “right to work” in such way as to justify any “tax” upon my LABOR because, NOBODY has paid me anything for my labors, even as I have been persistently WORKING in a painstaking battle for some semblance of “GOVERNMENT ACCOUNTABILITY” and finding that absolutely NONE exists.**



## Webster Reintroduces Bill to Eliminate Social Security Double-Tax

Feb 08 2022

### Webster Reintroduces Bill to Eliminate Social Security Double-Tax

**Washington, DC** – Florida Congressman Daniel Webster (R-Clermont) is pleased to join Rep. Thomas Massie (R-KY) in co-introducing H.R. 6590, the *Senior Citizens Tax Elimination Act*. This bill assists middle-class seniors by eliminating the unjust double-tax on Social Security benefits.

“For decades, seniors have paid into Social Security with their tax dollars. Now, when many seniors are on a fixed income and struggling financially, they are being double-taxed because of income taxes on their Social Security benefits,” **said Rep. Webster**. “This is wrong and I’m pleased to once again co-sponsor this legislation to repeal this tax.”

The Congressional Research Service reports, “Before 1984, Social Security benefits were exempt from the federal income tax. Congress then enacted legislation to tax a portion of those benefits, with the share gradually increasing as a person’s income rose above a specified income threshold.”

“Although seniors have already paid tax on their Social Security contributions via the payroll tax, they are still required to list these benefits as taxable income on their tax returns,” **said Rep. Thomas Massie (R-KY)**. “This is simply a way for Congress to obtain more revenue for the federal government at the expense of seniors who have already paid into Social Security. My bill would exempt Social Security retirement benefits from taxation and boost the retirement income of millions of older Americans.”



Further, even as I was dubiously considered to be a “voluntary” taxpayer in my earlier years while paying into the SOCIAL SECURITY SYSTEM with “*pre-taxed GROSS INCOME*,” **the FACT that such “income” was previously taxed precludes my being taxed again as “income”** as received these past two years (and continuing forward into perpetuity) as a “benefit” from the SOCIAL SECURITY ADMINISTRATION (“SSA”), by my being a “poor, elderly, and disabled” American without other taxable “assets” or “income.”

Thus, **the presumption in your FORMS that YOU (as “agent”) and the USDA (as YOUR “principal”) have authority for determining “eligibility,” and calculating “income” using what otherwise is OWED back to me by RIGHT (i.e., as a “beneficiary” of the PUBLIC TRUST and the voluntary SOCIAL SECURITY program) is unconstitutional and a violation of my rights as a WELFARE RECIPIENT.** For any “government” official or their CONTRACTING AGENTS to use such wrongful interpretations of a “double-taxed” amount of monthly “beneficiary” SSA distribution against me – as either “failing to disclose” on YOUR (and other “APPLICATION” and/or “RECERTIFICATION”) FORMS, ... or in failing to authorize YOUR government cohorts to report back to you that what I receive as “benefits” is otherwise **presumed to be an amount to be considered by any or all of YOU to be taxable “income” when it is absolutely NOT – is an abuse and usurpation of the sovereign People’s power as delegated to government under the STATE and UNITED STATES constitutions.**

It is downright insulting that YOU have mandated that I be legally FORCED to sign (i.e., under condition of “duress” and “THREAT of denial or termination of my ‘SNAP Benefits’” if I do not sign as a so-called “beneficiary”) the THREE differing areas of MY “FRAMED-IN STATEMENTS” on YOUR FORM(s).

This is because these FORMS seemingly provide the “*loopholes*” for government usurpers and other “ADMINISTRATIVE ‘DEEP’ STATE” members – and their respective CONTRACTORS as their AGENTS – **to act in unconstitutional defiance of either or both of the “spirit” and/or the “letter” of the laws.** They do this regularly by placing “*PROCEDURE OVER SUBSTANCE*”; and by, in relevant part, disregarding and discarding from relevance what “*RELEASE OF INFORMATION*” that is “authoritatively” provided by the Sovereign People themselves as “beneficiaries” – even as such information is (or can be) placed Rightfully by me into “freeform” expressions, in writing or through other “accessible” means as by “*Sworn and Notarized Affidavits*” ... or by my use of supporting EVIDENCE graphically embedded within pages, to show the possibility (if not the likelihood) that **those for whom the “government” is soliciting “information” may actually be LYING about the information they are supposed to be maintaining about me (and other “beneficiaries” of government-sponsored systems).** Similarly, **they are also getting away with LYING** (to include “*lying by omissions*”) about their own behaviors as they abuse their various powers under various government “PROGRAMS”.

In my case, in spite of my providing to regulated STATE “service providers” and UNITED STATES “law enforcement” authorities what amounts to “CRIME VICTIM” and “WHISTLEBLOWER” information – even as I had signed “true and complete” SWORN AFFIDAVITS explaining and reporting these circumstances (as summarized in the preceding paragraph) as CRIMES to these various STATE and UNITED STATES “authorities” – these FIDUCIARY agents that are supposed to have responsible oversight of “government Programs” HAVE DONE NOTHING about my reports. Instead, they refused to hold the (multi-tiered) GOVERNMENT CORPORATION(s) ultimately responsible for these crimes (of their corporate “AGENT”). As a result, I have been constructively DENIED by the (corporate “directors” STATE BAR CRIME SYNDICATE members in charge of respective “DEPARTMENTS,” the ability to inspect and correct the “records” created by their own criminal activities



in shielding their own “*behinds*” from accountability by any potential “*admissions*” of wrongdoing from their lower (or higher) level bureaucratic cohorts..

Moreover, my EVIDENCE shows that the “*agents*” of these “*REGULATORY*,” “*CIVIL RIGHTS*,” and “*CRIMINAL JUSTICE*” quasi-government “*principals*” also engaged in “*OBSTRUCTION OF JUSTICE*” by use of a number of written ploys of “*protectionism*” which are designed to provide both personal and collective unaccountability for these “*investigating*” AGENTS’ own FIDUCIARY “*OATHS and DUTIES*”, even as they had been acting as “*ACCESSORIES AFTER THE FACT*.” (See this case as having a multitude of examples of dereliction, gross negligence, and malfeasance in using both “*color of law*” and “*finger-pointing*” between the many numerous “*corporate parts*” of this so-called “*unified*” EXECUTIVE branch, as well as the “*unified*” JUDICIAL branch

**This SUPREME COURT case “ON APPEAL” demonstrates that while this “STATE” government may acknowledge the existence of my previous “COMPLAINT(s),” this “STATE” nevertheless MISREPRESENTS (by “gross omissions”) that my previous many “COMPLAINTS” included allegations of both DISCRIMINATION and CRIMES. The FACT that the STATE BAR CRIME SYNDICATE running the “operations” of the STATE (i.e., “DSS” and “DHS” as well as the “BUREAU OF ADMINISTRATION’s ‘OFFICE OF HEARING EXAMINERS’”) are silent and nontransparent about these matters leaves nobody to be held “accountable” for this blatant malfeasance of ALL of these “public servants.”**

In light of the above, it is noteworthy to recognize that the STATE’s OFFICE OF ATTORNEY GENERAL “Hotline” for reporting “MEDICAID FRAUD” promotes and allows only for the reporting of “beneficiary” violators. It does NOT promote or allow for the reporting of the FIDUCIARY “TRUSTEES” of government “agencies” and their private CORPORATE “contractors” who are violating the “spirit” of the laws, if not violating the “letter” of the laws.

Really, at the STATE level, it is the SOUTH DAKOTA ATTORNEY GENERAL (“AG”) that is supposed to be the “*Chief Law Enforcement Officer of the STATE*”; however, when I have reported CRIMES to the SOUTH DAKOTA “AG” Jason Ravnsborg – who was supposed to be protecting “*state citizens*” from criminal elements – he was, himself, being criminally indicted and “impeached” while allowing his “special assistants” as his fellow GOVERNMENT CRIMINALS to outrun the law while he continued to hold (and be PAID by “TAXPAYERS”) even after actually KILLING an innocent man, in what should have amounted to NEGLIGENT HOMICIDE and prison sentence, at minimum. This didn’t happen though, because of the “good ol’ boy” system of South Dakota politics as the “status quo.”

## Ravnsborg Trial August 26–27—Good Days for Protesting Lack of Accountability in South Dakota Government

BY CORY ALLEN HEIDELBERGER ON

**2021-05-27**

Expect a few more cameras in Pierre August 26 and 27—that's when Attorney General Jason Ravnsborg will finally go on trial for his three traffic misdemeanors which only incidentally killed a man:



### IN THE MATTER OF THE INVESTIGATION OF THE CONDUCT OF Jason Ravnsborg, Attorney General of the State of South Dakota

These modern impeachment proceedings and investigations evidence and confirm that state legislatures generally initiate impeachment proceedings only after a prior criminal indictment or arrest for substantial criminal behavior related to the official's office and not for personal transgressions, and moreover, that the dire remedy of impeachment is to be applied only when there is a serious criminal offense or similar wrongdoing that corrupts or subverts the political process or constitutional form.

• • •

### CONCLUSION

In considering the impeachment of a sitting Attorney General of South Dakota, the House must be mindful that it could be embarking on a course of historic dimension. It is considering whether to undo a popular election. It is considering whether to breach the balance of powers between the Legislative and Executive Branches. It is considering whether to cripple permanently future executive officials in South Dakota. The Constitution of South Dakota mandates, and history instructs, that impeachment of a duly elected executive branch official is warranted only upon clear and convincing proof of evidence of serious crimes or other egregious misconduct related to his office that has seriously crippled the administration of justice in all its departments. Impeachment of a duly elected Attorney General for actions unrelated to his office would set a dangerous precedent that could have far-reaching consequences.



## South Dakota AG convicted on 2 impeachment charges, removed

By STEPHEN GROVES

June 22, 2022 GMT



AP NEWS



In fact, the STATE's many "*FORMS*" for its various "*PROGRAMS*" persistently allude to the near certainty that there will (eventually) be "*adverse*" information to be obtained through these government and corporate "*servicing*" contractors (who are solicited for "information" either verifying or disproving the information in the FORMS that are signed statements "under penalty of perjury") who oftentimes are acting more as the "*adversaries*" of us "*beneficiaries*" (being a subcategory of "*We, The (Sovereign) People*") than acting as our "*government servants*."

On the other hand, these UNITED STATES "*FORMS*" fail to provide any proper channels for "*beneficiaries*" to dispute potentially FALSE CLAIMS by your AGENTS and CONTRACTORS other than through uphill "*guilty until proven innocent*" means of "*administrative appeals*" that can otherwise be proven as virtually useless under the premise that "*civil*" and "*criminal*" complaints about your "*DEEP STATE*" government officials will be met with TAXPAYER-funded resistance of the STATE and UNITED STATES Attorney Generals and their staffs demanding various forms of "*government immunity*" as "*protectionism*" toward their fellow government "*agents and principals*"; while encouraging their fellow attorney members of the "*STATE*" and "*AMERICAN*" BAR masquerading as so-called "*judges*" to rule in favor of a "*finding*" of the beneficiaries' never-ending failure to prove "*claims upon which relief may be granted*".

In fact, often these UNITED STATES "*FORMS*" provide only up to "*30-days*" in which such "*administrative appeals*" can be prepared for and carried out – which is far too insufficient than the time even educated people otherwise need to administratively investigate and "file" their cases in writing and/or to depend upon SOLELY what is to be presented at hearing as the signed "AGREEMENT FORMS" or "DENIAL OF BENEFITS" FORMS so forcefully demand.

**In my circumstance**, the illustrious STATE OF SOUTH DAKOTA is completely DENYING ME MEDICAID (a.k.a. “*MEDICAL ASSISTANCE*”) which otherwise is *supposed* to pay for public transportation for disabled people like me – with no legs, who do not “*drive*” themselves, and who otherwise have no family in the State to depend upon for fulfilling “*mobility*” needs outside the home – to have “*access*” to my home town community. **For those like me who are persistently applying for such “public programs”, it is prudently safer to maintain third party postal mailing addresses to keep a cover on the whereabouts of disabled adults who may be vulnerable to certain crimes – and particularly for those like me who can rightfully claim to have already been the VICTIM OF CRIME and a “FEDERAL WHISTLEBLOWER” who is otherwise owed privacy protection from revengeful NAMED (GOVERNMENT and their CONTRACTORS as) perpetrators.** **For these types of people – the poor, the elderly, and the disabled – this thirty (30) days of deadline is totally inadequate, and it actually robs “beneficiaries” of constitutional “due process” instead of providing for it, as is otherwise the legislative intent.**

How can the UNITED STATES CONGRESS trust and/or regulate federal funding to STATE CORPORATIONS like the “*DHS*” and the “*DSS*,” who are violating ALL “*Beneficiary*” rights when the STATE ATTORNEY GENERAL and his/her “*SPECIAL ASSISTANTS*” are involved in a SEDITIOUS CONSPIRACY of otherwise COERCING a “*carte blanche*” right to STATE “*agents*” and “*principals*” to DISCRIMINATE and to commit CRIMES with impunity? And without providing adequate “*conditional*” verbiage to that effect on the FORMS that these “*SNAP beneficiaries*” are being FORCED to sign before these acts of DISCRIMINATION and CRIMES of “*deprivation of rights*”?

Getting back to the CRIMINAL CONSPIRACY of actions between Kim Terrill and her “*DSS ATTORNEY*” Robert Morris as a STATE BAR CRIME SYNDICATE” member running a MONOPOLY upon this “*court*” with both impunity and “*immunity*” for his/their crimes ... when I initially challenge the viability and integrity of the DSS and/or the DHS of DENYING me “*MEDICAL ASSISTANCE*” (a.k.a. “*MEDICAID*”) while submitting “*OPEN RECORDS*” requests and “*appealing*” the actions of these multi-tiered and multi-faceted “*STATE*” actions as being both DISCRIMINATORY and criminally “*FRAUDULENT*,” I am FORCED to contend with “*procedure*” from that point forward. Yet, while refusing to respond directly to the SUBSTANCE of my written COMPLAINTS, the corrupt STATE “*principals*” instead used their “*STATE BAR [CRIME SYNDICATE]*” attorneys from from the ATORNEY GENERAL’s office to COERCE me and to COERCE “*my*” case using LIES and the STATE AGENTS’ own FRAUDULENT PAPER TRAIL to justify their multi-tiered VICTIMIZATION against me.

**MY REASONED RESPONSE TO THIS OVERT “BULLYING” TACTIC AND USE OF “SECONDARY” LEVEL “FRAUD” TO COVER UP FOR “PREDICATE” LEVEL CRIMES FOLLOWS IN THE NEXT SEVERAL PAGES IN MY OWN LEGAL “SELF-DEFENSE”:**

As for the AGENTS OF THE STATE like Kim Terrill, Angie Reichert, Nancy Giovanetti, Tom Eads, Laura Nord/Charter and a host of others – known and named and unknown and yet unnamed – that are being CRIMINALLY protected by your “*peer group*” of “*ADMINISTRATIVE PRINCIPALS*” like Jeremy Lippert, Jenna Howell, Eric Monson, Wade Reimers, Bob Morris and many others as listed in this “*CASE ON APPEAL*” in the SUPREME COURT, you are ALL herein being “*served*” with this probable **EIGHTH (8<sup>th</sup>) LEVEL OF NOTICE** that **I have been keeping meticulous RECORDS** about YOUR vaguely referenced and **UNSUBMITTED “AFFIRMATIVE DEFENSE ARGUMENT”** in the aftermath of my becoming a FEDERAL WHISTLEBLOWER and reporting that **YOUR NAMED (by me) AGENTS and**



**PRINCIPALS** had committed numerous **CRIMES** – not merely against me, but also – against the **“TAXPAYERS”** of the **STATE** and the **UNITED STATES**.

My **RECORDS** clearly show that over the course of the past **TWO YEARS**, I HAVE BEEN ACTING IN **GOOD FAITH EFFORT** to rectify the matters of YOUR **“FRAUDULENT PAPER TRAIL”** attempting to justify the **CRIMINAL OPERATIONS** of your **“CONTINUING FINANCIAL CRIMES ENTERPRISE.”** Under the light of these **LONG ESTABLISHED “FEDERAL WHISTLEBLOWER”** **FACTS** related to YOUR **“multi-tiered”** **CRIMINAL “ENTERPRISE”** of **“SECONDARY ‘RICO’ CRIMES”** over the top of your **“PREDICATE ‘RICO’ CRIMES”** – unless rectified immediately by YOU – your continued Seditious and Treasonous acts of **DOMESTIC TERRORISM** will result in **FEDERAL CASE** involving the **STATE OF SOUTH DAKOTA** in a **UNITED STATES** court, in which I will be naming **ALL OF YOU** in both your **INDIVIDUAL** and **PRIVATE** capacities as well as your **CORPORATE/PUBLIC** capacities as so-called **“officers of the court”** and **STATE BAR CRIME SYNDICATE** members attempting to **COERCE** the Sovereign People’s **“court”** system and **“JUDICIAL BRANCH”** through an illicit **“MONOPOLY”** on the **“Just Us”** (a.k.a. originally a **“justice”**) system.

Multiple public **RECORDS** show that the various **“DEEP STATE”** smorgasbord of **“DEPARTMENTS, BUREAUS, DIVISIONS, SECTIONS, UNITS, OFFICES, COMMISSIONS, BOARDS, and AGENCIES** – as well as each of their **“servicing”** **THIRD-PARTY “private”** and **“nonprofit”** **CONTRACTORS** are all simply **FICTIONAL CORPORATE “RICO” ENTERPRISES** with various **AGENTS** and **PRINCIPALS** who are acting **OUTSIDE** of your **OATHS** and **DUTIES** to **TORTUOUSLY** take actions that are ever-expansive of your **“RICO”** **Crime Syndicate** and **“Continuing Financial Crimes Enterprise”** involving **STATE BAR** attorneys also engaging criminally in **MAIL FRAUD** and **CIVIL RIGHTS** violations as well as **“FRAUD UPON THE COURT”** and **“OBSTRUCTION OF OFFICIAL PROCEEDINGS.”**

**The above practical everyday examples of “government corruption” presented by my “case against the [‘DEEP’] STATE” demonstrate the many ways in which the FORMS that you are FORCING me conditionally to sign – under THREATS OF CRIMINAL PROSECUTION for “PERJURY” and other devastating “penalties” – fail entirely to acknowledge the scope of whatever type of “defense” may become needed for “beneficiaries” who encounter erroneous records of intentionally crooked, negligent, or malfeasant government officials and their self-serving multi-tiered corporately-run “DEPARTMENTS, BUREAUS, SECTIONS, DIVISIONS, AGENCIES, UNITS, OFFICES, COMMISSIONS, and BOARDS” ... and their equally self-serving STATE BAR attorneys “representing” them and their PRIVATE CORPORATE “SHELL-GAME” FICTIONAL “partners in crime.”**

**Thus, the “thirty (30) days” the ADMINISTRATIVE “DEEP” STATE typically provides for America’s MOST VULNERABLE POPULATIONS of “poor, elderly, and disabled” to “administratively” challenge the likes of the above is simply not enough to prepare for and provide countermanding EVIDENCE showing the scope of “predicate” legal violations of those being SOLELY solicited for “adverse information” about the beneficiaries.**

In many of these **“adversarial”** cases the breadth and depth of the **“challenged information”** may not be fully known. In other cases, **not all of the “evidence” needed to “prove” a case is not readily available within 30 days or even much longer**, when the **“adverse party”** is a private enterprise acting its own defense through an uncooperative **“attorney”** member of what I refer to as the **“STATE BAR CRIME SYNDICATE.”**

**I have therefore, become increasingly concerned about the many ways that my laborious efforts to communicate with “government” agencies – and to provide them with reasonable amounts of reliable**

information for their properly acting upon in accordance with Congressional ACTS, or with “*administrative*” RULES AND PROCEDURES that may be otherwise become misinterpreted, misapplied, or mistakenly lost or destroyed altogether; and at nobody’s loss except mine, and the TAXPAYERS (who are funding the dereliction, the gross negligence, and malfeasance of the government hierarchical “*PRINCIPALS*” and their subordinate “*AGENTS*” without full accountability or apparent financial “*SURETY*” being provided back to the Sovereign American People funding this insanity) – **are being undermined.**

**What these government FORMS do is to “channel” and “frame” beneficiary answers – placing the subject at a disadvantage “under penalty of [CRIMINAL prosecution for] perjury”; while remaining completely silent on the alternating parties’ (i.e., the governments’ and their contractors’) persisting WRONGFUL presumptions of having SOLE discretion for interpreting these “framed answers” and CRIMINALLY prosecuting beneficiaries who may actually be the unwitting “stooge” for the governments’ own violations of their OATHS and DUTIES. These beneficiaries otherwise have every right – upon “information and belief” – to bring countermanding “cases” against the government “usurpers” and their financial “sureties” that are otherwise supposed to be guaranteeing fiduciary government “services” to the Sovereign People as their “employers” and “beneficiaries.”**

**The problem: “Government” rarely, if ever, prosecutes itself criminally; in spite of the fact that it asserts the “privilege” and “responsibility” to police, investigate, and “correct” the performance of its own DEPARTMENT, BUREAU, SECTION, DIVISION, AGENCY, UNIT, and OFFICE members. This problem thus, leaves scores of “victims” in the wake of governments’ “abuses of power,” with judges awarding various forms of “immunity” in return after learning about governments’ TORTUOUS actions and inactions; which amounts to incalculably high costs for victims, a monopoly on the courts by STATE-licensed attorneys, and long delays amounting to the “two-tiered” judicial system that ultimately leads to the denial of justice to the Sovereign People; being especially harmful those most vulnerable – i.e., those who are poor, elderly, and disabled.**

**As such problems exist within the hierarchical “system” of the “ADMINISTRATIVE ‘DEEP’ STATE” set up to “guarantee” the “constitutional due process” being made available to me as “BENEFICIARY” of this “WELFARE SYSTEM” – for which the GOVERNMENTS and their CONTRACTORS and their respective “BAR” attorneys like Robert Morris [acting as AGENTS for AGENTS for the CO-TRUSTEES of this “PUBLIC TRUST” – I have grave concerns for YOUR FORCING me to sign (i.e., under DURESS and THREAT OF TERMINATING MY “SNAP Benefits”) such “framed” statements as are existing in YOUR FORM.**

**This is because YOUR “FRAMEWORK” for my STATEMENTS require me to assume responsibility for the discretionary “perceptions” of YOUR AGENTS in “management”, while giving carte blanche permissive “authority” for YOU to “terminate my/our benefits” in the event YOUR AGENTS “find” some “doubt” in my exercise of RIGHTS [being interpreted by YOU] – as both constitutionally and statutorily guaranteed to people like me who are alleged “CRIME VICTIMS” and “FEDERAL WHISTLEBLOWERS” – in any future incidents that may arise similarly to what already has occurred and that I have RECORDED of the past. Such FORCED assumption of authority as YOU are requiring – on behalf of the “PEOPLE OF THE STATE” and/or the UNITED STATES and its USDA – comes as a very high cost to someone like me who is part of America’s “most vulnerable populations” of the “poor, elderly, and disabled.”**

**Given all of this expositive material above as a sound basis for what lay ahead with my ongoing future lifetime of government interactions as a poor, elderly, and disabled “beneficiary” of the governments’ WELFARE SYSTEM and FIDUCIARY SERVICES, I hereby proclaim the following declaration as**

my **“NOTICE OF NEEDED CONSTITUTIONAL COMPLIANCE, AND RIGHT TO INSTITUTE COMMON LAW REMEDIES AND CRIMINAL PENALTIES FOR NONCOMPLIANCE AND VIOLATIONS OF OATHS AND DUTIES”** to GOVERNMENTS and their INSTRUMENTAL **“CONTRACTORS”** in the **“private sector”** who, like you, are **ACTING OUTSIDE OF YOUR “OATHS” AND “DUTIES” OF OFFICE IN “WEAPONIZED” FASHION:**

**“SWORN DECLARATION OF NOTICE” – ISSUED UNDER “PENALTY OF PERJURY” – OF NEEDED CONSTITUTIONAL COMPLIANCE, AND RIGHT TO INSTITUTE COMMON LAW REMEDIES AND CRIMINAL PENALTIES FOR NONCOMPLIANCE AND VIOLATIONS OF OATHS, DUTIES AND CONSTITUTIONAL AND STATUTORY GUARANTEES UNDER THE “PEOPLES’ WELFARE SYSTEM”**

I, David Schied, being of sound mind but being in a future lifelong condition of being poor, elderly, and a totally and permanently disabled quad-amputee, hereby declare that the numerous references to CRIMES appearing both above and below, merely scratch the surface of STATEMENTS and EVIDENCE that I have accumulated against various crooked government *“usurpers,”* government *“contractors,”* and government *“programs”* being operated by the ADMINISTRATIVE *“DEEP”* STATE.

**Therefore, from both before now and going forward from today, any document requiring my legal signature that has been created and/or solicited for my acknowledgment, review and/or “understanding” by or for any GOVERNMENT or government CONTRACTOR, is being signed conditionally with no relinquishment whatsoever of my constitutionally guaranteed rights.**

The **“INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION”** referenced on the FORMS that I am being commanded to sign does NOT include room or consideration for **“true and complete”** information submitted by ME that **further** explains or **“qualifies”** that which is **“restricted”** by the **“four corners”** of the FORM itself; about which the **“beneficiary”** both **“understands”** and **“believes”** to be relevant to the situation, but which is not otherwise solicited by STATE **“principals”** or its CORPORATE **“agents”** on the limited space of the various **“application”** and **“renewal”** pages otherwise used for FRAMING the demanded *beneficiary* signatures.

In relevant essence, **these FORMS do nothing whatsoever to protect beneficiaries from those being solicited by the “signed authorization forms” ... as these “beneficiaries” are being held LEGALLY LIABLE and CRIMINALLY ACCOUNTABLE for others who are, very often, maintaining or sharing erroneous records of “substance” in response to these “procedural due process” events (which include the “misapplication of the laws” behind the construction of these FORMS in the first place, such as in the example of referring to welfare “benefits” as double-taxed “income”)** otherwise meant to ensure CONSTITUTIONAL COMPLIANCE by the **“government licensed”** operators and contractors involved with these FIDUCIARY **“programs”** under PUBLIC TRUST and TAXPAYER FUNDING.

Herein, and as a medically-deemed *“totally and permanently disabled quad-amputee”* with constitutionally and statutory protections of my sovereign and inalienable God-given Rights fully intact – and as one of the sovereign American People whose national heritage stems from America’s *“Founding Fathers,”* who signed the DECLARATION OF INDEPENDENCE, the ARTICLES OF CONFEDERATION, and the CONSTITUTION OF THE UNITED STATES for the People of the united States – I claim solely to be the *“beneficiary”* of these *“signed”* PUBLIC TRUST documents.

As such, when confronted by rogue government officers and “*administrative*” employees who I find are overstepping their constitutional confines and usurping the sovereign Powers of “*We, the [American] People*” as guaranteed by solemn Oaths, assigned Duties, and/or by various financial forms of performance “*Sureties*,” I have every right – as guaranteed by 9<sup>TH</sup> and 10<sup>TH</sup> AMENDMENTS to the U.S. CONSTITUTION – to privately act on behalf of the Sovereign People as “*taxpayers*” to investigate, to “*indict*” by written public notices supported by evidence, and to privately prosecute these “*accused*” criminals on behalf of the same.

Government officers and administrators – including administrators of “*due process*” and “*justice*” – are “*FUNCTIONARIES*” in “*service*” of government as “*CO-TRUSTEES*” by compact and contract between the united States and the Free American People who inhabit those States united under a PUBLIC TRUST as “*Beneficiaries*.” Thus, in guarantee by these “*CO-TRUSTEES*” to their sovereign “*employer*” of the American People of their “*faithful performance*” as government “*servants*,” these “*government functionaries*,” as officers and administrators, must subscribe to and publicly register their solemn “*Oath(s)*” to faithfully perform their “*Duties*” of office, and to support and uphold the constitutions of the STATES and the UNITED STATES.

Further, as with all other service-oriented professional occupations, these government officers and administrators must guarantee their promises to “*faithful performance*” with some financial form of performance “*surety*,” whether as personal “*performance bonds*,” a “*blanket bonds*” or blanket insurance policies (in the case of providing *surety* for groups such as those found in various government DEPARTMENTS, BUREAUS, DIVISIONS, SECTIONS, AGENCIES, UNITS, OFFICES and CORPORATE “*CONTRACTORS*”), “*errors and omissions*” insurance policies with “[domestic] *terrorism riders*,” or other such financial instruments.

Notably, in those cases where the government officials are deemed to be either *without surety* – whereby they refuse to present their *surety* upon demand from the Sovereign People, or by claiming to be “*SELF-INSURED*” – it is important to recognize that the “*surety*” is the “*corpus*” (i.e., “*the body*”) itself. In such instances of being without any other form of financial surety, a “*bounty*” may be placed upon the government “*servants*” heads with a reward for capture and jailing until some other form of “*bonding*” can be properly determined. In cases where INSURRECTION, SEDITION, TREASON or a CONSPIRACY to obstruct justice by any of these is alleged, such a “*bounty*” for return of the “*body*” may be publicly presented as “*Wanted: Dead or Alive*.”

Notably, as most all government “*FORMS*” and the “*Civil Rights*” and “*Criminal*” LAWS and “*RULES OF PROCEDURE*” allow for the salaried payment of government officials to investigate, to “*administrate*,” to indict, and to prosecute “*civil*” and “*criminal*” offenses in the name of the “*PEOPLE*,” the long tradition of the Common Law so too allows for the same, as preserved statutorily in the status of the “*PRIVATE ATTORNEY GENERAL*” doctrine and in “*QUI TAM*” (i.e., “*whistleblower*”) cases. [According to the COMMON LAW “*MAXIMS*,” as well as BIBLICAL LAW (MATTHEW 10:24), “*students*” and “*servants*” can never have more knowledge and power than the “*teachers*” and “*masters*” from which their knowledge and power is derived and delegated.] Other remedies of the Sovereign People, as well as further “*Rights*” of all sovereign Americans are published online as found, among many other places, at the following publicly-posted link as filed in 2016 with the UNITED STATES DISTRICT COURT:

[http://www.ricobusters.com/ricomedia/MemorandumofPeoplesRights\\_KhalilCase.pdf](http://www.ricobusters.com/ricomedia/MemorandumofPeoplesRights_KhalilCase.pdf)

In accordance with other COMMON LAW MAXIMS, the system of rules, customs and usages generally recognized as “*LAW MERCHANTS*” (now using UNIFORM COMMERCIAL CODES or “*UCC*” to govern trade within the united STATES and U.S. TERRITORIES), and DEBT COLLECTION “*PRACTICES*” governing domestic and international trade dating back to “*time immemorial*,” **I herein proclaim my Right**



**to my own labor** – both in response to the unconstitutional demands and threats of governments and their corporate contractors, as well as on behalf of the Sovereign People as “*taxpayers*” – **in accordance with the FEE SCHEDULE presented already presented many times already to the “agents and principals” of the STATE** and by supporting reason of the THIRTEENTH AMENDMENT which prohibits “*involuntary servitude*” against any of the Sovereign American People.

I make the above 2 1/2-page DECLARATION and “*good faith*” NOTICE above, by proclaiming that I am one of the sovereign “*People*” recognized by the U.S. CONSTITUTION. As a “*born American*” then, I make such STATEMENTS as those herein to the best of my information, understanding, and belief, so help me God, and “*under penalty of perjury*,” and without prejudice to any of my inalienable other of my innumerable Rights as guaranteed by the 9<sup>TH</sup> and 10<sup>TH</sup> AMENDMENTS.

“Signed” this 15<sup>th</sup> day of February, 2023 digitally as a “*reasonable accommodation*” to me as a “*totally and permanently disabled quad-amputee*”.



\*\*\*\*\*

As YOU well know, I am NOT a government employee and I do NOT work for YOU, Placing DEMANDS upon a “*totally and permanently disabled quad-amputee*” – or any sovereign American for that matter – for ANYTHING that YOU CLAIM TO NEED – without even the offer of just compensation for the anticipated costs for having to deal with the type of CORRUPT GOVERNMENT now in place here in America, is not only morally and ethically UNFAIR and UNJUST, but is an ILLEGAL and UNLAWFUL VIOLATION of my THIRTEENTH AMENDMENT guarantees against “*involuntary servitude*.”

In “*normal*” times – as might have been “*normal*” around fifty (50) years ago in America – “*just compensation*” might have been “*justly processing*” of “*program applications*”; however, with the STATE BAR CRIME SYNDICATE offering secondary criminal “*RICO*” protection to those of the STATE and their CORPORATE CONTRACTORS as “*private-public partnerships*” leading to the “*transfer of wealth*” by way of COERCING unnecessary and unfair “*first time DENIALS*” so to save the STATE on costs under the pretense that those most successful are those who cave to the recommendation that they “*hire an attorney*” to do their “*bidding*” for them – in order to otherwise receive some semblance of “*justice*” through the “*JUST US*” member hiring – it is fair to say that this “*norm*” is unacceptable to the “*common*” folks and to “*the poor, the elderly, and the disabled*” as the STATE’s most vulnerable populations.

Therefore, such occasions as had otherwise arisen by my receipt of the DSS’s (“*CO-TRUSTEES*”) recent the untimeliness of mailing DEMAND (by Kim Terrill in this latest instant) – which just happened to suit YOUR NEED by served to “*OBSTRUCT*” and “*INTERFERE*” in the SUPREME COURT proceedings in which I have been “*timely*” engaged – I not only have sacrificed again this time to “*fulfill your need AT COST*” to YOU for my having to attend to the DEMANDS of the DSS as they took action against me WITHOUT THEIR “*REPRESENTATIVE*” ATTORNEY MORRIS PRESENT (at THAT cost to the STATE ... but I also acted in accordance with my previously provided FEE SCHEDULE outlining the terms for which any future occurrences would be levied against YOU so to fulfill YOUR need when YOU are acting outside YOUR oaths and duties to the sovereign People, as again in this circumstance when YOU should have been working through YOUR “*legal representative*.”

**PLEASE NOTE** that my **FEE SCHEDULE** maintains a **\$2,000,000 per incident FEE** for managing any all past, present, and future “perceived” DEMAND, THREAT, HARASSMENT, or ANY OTHER ACTION (“verbal or nonverbal”) that YOU initiate against me in like fashion to the varied ways I have already RECORDED about YOUR previous actions; ... or that YOU initiate in any *similar fashion* as that to which you are now requiring my “signature” on YOUR deceptively-written “**APPLICATION**” masquerading otherwise as a “**SNAP RECERTIFICATION**.”

This same LEGAL principal applies to all other of your smorgasbord of STATE “agents and principals” after I have informed ALL OF YOU of the following:

- 1) That under the AMERICANS WITH DISABILITIES ACT (“ADA”), **I am ENTITLED BY RIGHT** to “extra time” as a “reasonable accommodation”; and that it is appearing that the “STATE” and its “agents and principals” are continuing to REFUSE to provide to me, as demonstrated by the content of YOUR recent “untimely” and “wrongly pursued” DEMANDS against me;
- 2) That increases in “Social security **BENEFITS**” do NOT CONSTITUTE “**INCOME**.” Therefore, my providing any “changes” in “**SSA BENEFIT AMOUNT**” is a **nonobligatory event** and a **mere courtesy** executed in “good faith” demonstrating my magnanimous character of making government “fully informed” of that which the LAWS and the CONSTITUTIONS of the STATE and UNITED STATES command from THEM as enforceable by the sovereign People under the NINTH and TENTH AMENDMENTS should “the governments” be **criminally negligent or malfeasant in refusing to properly regulate, monitor, investigate, and PROSECUTE THEMSELVES**.

**BE REMIDED that the ALL CAPS name is a CORPORATE FICTION and not the flesh-and-blood man with a given Christian name of upper-and-lower American-English lettering that is COPYRIGHTED by me, David Schied.**

Respectively,

/s/ David Schied (All Rights Reserved)

WELFARE BENEFICIARY; PRIVATE, PUBLIC PROXY acting on behalf of American “TAXPAYERS”; one of the sovereign “People” recognized by the constitutions of the STATE and the UNITED STATES.

\*\* NOTE that the digital signature – whether in the form of the embedded graphic, or in the form of “/s/” as used by the “BAR” member attorneys by “privilege” – is a valid and authorized “legal signature” when applied by me, David Schied, under the law with “reasonable accommodations” for a flesh-and-blood American man without fingers for applying “handwritten” signatures.

Attachments: 23 additional pages as “**SNAP RECERTIFICATION**” by file named as:

**012423 TerrillSNAPRenewal-NoChange-herprinting**



**Economic Assistance Application ~~RE~~CERTIFICATION****What is Economic Assistance and How Do I Apply for Economic Assistance?**

Economic Assistance programs help low income individuals, families, children, pregnant women, people with disabilities, and the elderly by providing medical, nutritional, financial, and case management services.

**Step 1- Complete all questions.** Sign and date the application. If you need help completing this form or bringing it to the local Social Service office, please call your local Social Services office and ask for help.

**Step 2- Mail, fax, or take your application to a local Social Services office.** You have the right to file this application right away by completing your name, address, and signature on this page. The date we get this page starts the time we have to decide your eligibility for the Supplemental Nutrition Assistance Program (SNAP), and/or medical programs.

**Step 3- Interview.** Provide proof of income and expenses. If this is not a new application, we will only need verification of any changes. An interview is required if applying for the Supplemental Nutrition Assistance Program or Temporary Assistance for Needy Families.

<b>Do You Need Interpreter Services?</b> (Interpreter services are provided free of charge)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Please check what type of interpreter services are needed		<input checked="" type="checkbox"/> Language (list what language) <u>LEGAL</u> and <u>WRITTEN</u>	
<input type="checkbox"/> Visual or Hearing Impaired		<input type="checkbox"/> Other (please describe) _____	
<b>Tell Us About You - TOTALLY AND PERMANENTLY DISABLED QUAD-AMPUTEE</b>			
Answer these questions about yourself. See letter dated 2/6/22			
First Name <b>David</b>	Initial <b>D</b>	Last Name <b>Schied</b>	Social Security Number _____
Birth Date <u>8/22/57</u>	Primary Phone Number _____	Secondary Phone Number (optional) _____	
County (you live in) <u>Lawrence</u>		Apt. or Unit No. _____	
Mailing Address (if different from street address) <u>PO BOX 321</u>		Email Address (optional) <u>Deschied@yahoo.com</u>	
Directions to Your Home (if no street address) _____		Do you live on an Indian Reservation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
What is the best time to contact you between 8am and 5pm? _____		_____	

<b>What programs are you applying for?</b>	<input checked="" type="checkbox"/> SNAP	<input type="checkbox"/> TANF	<input checked="" type="checkbox"/> Medical Assistance
--	--	-------------------------------	--

<b>Do You Need a South Dakota EBT Card?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If you choose Yes or leave blank, an EBT card will be mailed to you and your previous card will not work. If you choose No, you will not receive an EBT card.

**When Will I Get Assistance?**

**Supplemental Nutrition Assistance Program (SNAP):** You must complete the entire application, have an interview, and provide ID.

**SNAP Benefits within 30 days:**

You will receive SNAP benefits within 30 days if you are eligible. If you are not eligible you will receive a letter of explanation.

**SNAP Benefits within 7 days:** If you are eligible, you will receive benefits within 7 days if you meet one of the following:

- Households with gross monthly income less than \$150 and resources of \$100 or less; or
- Households with rent, mortgage, and utilities that are more than the household's gross monthly income and resources; or
- Households with a migrant or seasonal farm worker with resources (including cash, checking and savings accounts) of \$100 or less, whose income is stopping or starting.

**Medical Assistance within 45 days:**

You will receive notice of your eligibility determination within 45 days after receipt of the application for most medical programs.

**Temporary Assistance for Needy Families (TANF) within 30 days:**

Benefits will be determined from the date the signed application is received. (An application for TANF requires another form.)

If applying for children's medical, your SNAP information and data will be used to determine the children's Medicaid eligibility unless you request us not to do so.

I certify that I will give the South Dakota Department of Social Services all information needed to review my application for TANF, SNAP, and Medical programs. This information will be true and correct to the best of my knowledge.

<b>Signature:</b> /s/ David Schied * ALL RIGHTS RESERVED	<b>Today's Date:</b>
SEE attached "ADDENDUM TO ... <b>RECEIVED</b> SIGNATURE"	2/15/23
(Signing here will start your application. You must also sign page 11 before you can receive any benefits.)	

Expedited: <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt Date <u>JAN 20 2023</u>	Case Number <u>000522733</u>
Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal	DSS	

Belle Fourche, SD

\* The digital "signature" of "/s/" is authorized as a "reasonable accommodation" under the AMERICANS WITH DISABILITIES ACT for a totally and permanently disabled quad-amputee.





## Can I Choose to Have Someone Help Me? PERSON HELPING WAS DSS Kim Terrill.

You can choose an authorized representative(s) to help fill out your application, give information at your interview, and speak with your Benefits Specialist for you. If you wish to have an authorized representative(s), tell us about this person by completing the following information.

Name (of Authorized Representative)	Address	Contact Number	<input type="checkbox"/> SNAP <input type="checkbox"/> Medical
Name (of Authorized Representative)	Address	Contact Number	<input type="checkbox"/> SNAP <input type="checkbox"/> Medical

## DO YOU NEED INTERPRETER SERVICES?

- Español (Spanish)** - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-999-5612 (TTY: 711).
- Deutsch (German)** - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-999-5612 (TTY: 711).
- 繁體中文 (Chinese)** - 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-877-999-5612 (TTY : 711)
- unD (Karen)** - ymol.ymo;= erh>uwdRAunD usdmtCd< AerRM> Ausdmtw>rRpXRvXA wvXmbl.vXmphRA eDwrHRb.ohM. vDRIAud; 1-877-999-5612 (TTY: 711).
- Tiếng Việt (Vietnamese)** - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-999-5612 (TTY: 711).
- नेपाली (Nepali)** - ध्यान ादनुहोस् तपाइले नेपाल बोल्नहन्छ भन तपाइको ानिम्त भाषा सहायता सवाहरु ानःशल्ल रूपमा उपलब्ध छ । फोन गनुहोस् 1-877-999-5612 (टटवाइः 711)
- Srpsko-hrvatski (Serbo-Croatian)** - OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-999-5612 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).
- አማርኛ (Amharic)** - ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-877-999-5612 (መስማት ለተሳናቸው፡ 711)፡
- Sudanic Adamawa (Fulfulde)** MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-877-999-5612 (TTY: 711).
- Tagalog (Tagalog – Filipino)** - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-999-5612 (TTY: 711).
- 한국어 (Korean)** - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-999-5612 (TTY: 711)번으로 전화해 주십시오.
- Русский (Russian)** - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-999-5612 (телетайп: 711).
- Cushite Oroomiffa (Oromo)** - XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-999-5612 (TTY: 711).
- Український (Ukrainian)** - УВАГА: Якщо ви говорите українською мовою, перекладацькі послуги, безкоштовно, доступні для вас. Телефонуйте. Телефонуйте 1-877-999-5612 (TTY: 711).
- Français (French)** - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-999-5612 (ATS : 711).





2. ☐ Yes ☒ No Are there other names used by anyone in the home (maiden names, aliases, etc.)?  
If yes, complete below:

Household Member	Other Names Used

3. ☐ Yes ☒ No Other than you and your spouse, are there any other parents with children living in the home? If yes, complete below:

Parent	Children	Parent	Children

4. ☐ Yes ☒ No Does any child on this application have a parent living outside the home?  
If yes, complete below:

Parent	Children	Parent	Children

5. ☒ Yes ☐ No Are there other states/territories where you or anyone in the home, including children, have received food, medical, and/or cash assistance? If yes, complete below:

City/State/Territory	Dates	County	Office Phone #	Worker Name
Michigan	2018-2021			

The STATE OF SOUTH DAKOTA refuses to honor constitutional "FULL FAITH AND CREDIT" to this FACT.

6. ☐ Yes ☒ No Do you or anyone in the home attend school? If yes, complete below:

Name	Name of School	Enrollment Status	Expected Graduation Date	If this is a Boarding School, do they board?
		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less Than Half Time		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less Than Half Time		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less Than Half Time		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less Than Half Time		<input type="checkbox"/> Yes <input type="checkbox"/> No

7. ☐ Yes ☒ No Are you or anyone in the home, currently living in an institution? If yes, complete below:  
(An institution is a facility that provides at least 50% of meals to you, such as an alcohol/drug treatment center, homeless shelter, battered women's shelter, prison, etc.)

Person in Facility	Name of Facility	Type of Facility	Date Entered facility:	Amount Billed for Residing in the Facility: \$
			___/___/___	<input type="checkbox"/> Room only or <input type="checkbox"/> Room & Board

8. ☐ Yes ☒ No Do you or anyone requesting benefits receive Tribal Commodities?  
If yes, complete below:

List Household Member (s):

9. ☐ Yes ☒ No Are you or anyone in the home disqualified from receiving SNAP or tribal commodities due to an intentional program violation?

List Household Member (s):



## What Resources Do Members of Your Household Have?

10. ☒ Yes ☐ No Do you or anyone in the home, including children, own or co-own any cars, trucks, boats, campers, motorcycles, trailers, or ATV's? Include all vehicles registered in your name.  
If yes, complete below:

Owner / Co-owner	Year	Make (Ford, Chevy, GMC, etc.)	Model (Taurus, Blazer, etc.)	Amount Owed	Value	Vehicle use? (work, school, recreation, etc.)	Leased? (circle one)
David Schied	08	chevy	Uplander	\$	\$		Yes No
I am NOT a professional appraiser or car expert. This car is a liability since I must pay for a STATE-required license, insurance, and maintenance. *** DRIVERS must be hired since I am NOT driving myself; and the STATE is violating FEDERAL legislation by REFUSING to provide "MEDICAL ASSISTANCE" / "MEDICAID" that pays for public transportation. A LAWSUIT has been filed naming the DSS and others of "THE 'DEEP' STATE".							Yes No

11. ☐ Yes ☒ No Other than the house you live in, do you or anyone in the home, including children, own/co-own any land, buildings, or homes? If yes, complete below:

Owner / Co-owner	Type/ Location	Value	Amount Owed	For Sale or Rent?
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 11a. ☐ Yes ☐ No If this property is for rent, does it produce income?  
(If yes, make sure to list the income on question #17 as this is considered self-employment income)

12. ☒ Yes ☐ No Do you or anyone in the home, including children, own/co-own any of the following types of resources? If yes, complete below: *Examples: Cash, Checking, Savings, Credit Union, Direct Express or Payroll Debit Cards, Stocks, Bonds, Certificates of Deposit, Life Insurance, Trust Funds, Individual Indian Monies (IIM), Money Market Funds, Deferred Compensation Plan, Burial Funds, Contracts for Deed, IRAs, 401K, Keogh plan, PayPal, Venmo, Cryptocurrencies, or other items of value.*

Owner/Co-owner	Type of Resource	Bank/ Location	Account Number	Value/ Balance
David Schied	Checking	BHFCU		\$ 2466.02
	Savings	"	Minus over \$300 in debits	\$ 1614.33
				\$
				\$
				\$

13. ☐ Yes ☒ No Have you or anyone in the home received lottery/gambling winnings in the past 30 days?  
If yes, complete below:

Name	Date Received	Amount of Winnings	Balance as of Today's Date
		\$	\$
		\$	\$

14. ☐ Yes ☒ No Have you or anyone in the home sold, traded, or given away anything of value within the last 3 months? (money, land, vehicles, buildings, house, etc.) If yes, complete below:

Name	What was Transferred?	Date Transferred	Value
			\$
			\$



## What Type of Income Do Members of Your Household Receive?

15. ☐ Yes ☒ No Do you or anyone in the home, including children, have job income or expect to start a job? If yes, list all job income and provide proof of the last 30 days:

Who is Working or Starting Work?	Employer Name and Address	Hours worked per month & wage per hour	Gross Income received in the last 30 days or expected to receive	Tips	How often paid?	Date of Next Check
		Hours worked: Wage per hour:	\$	\$	<input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> Other	
		Hours worked: Wage per hour:	\$	\$	<input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> Other	
		Hours worked: Wage per hour:	\$	\$	<input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> Other	

16. ☐ Yes ☒ No Do you or anyone in the home have income from Experience Works, WIOA, or Work Study?

17. ☐ Yes ☒ No Are you or anyone in the home self-employed or work odd jobs for cash?  
If yes, complete below and provide proof: (for self-employment, provide last tax return filed or monthly ledgers)

Name	Type of Work	Income per month after expenses
		\$
		\$

18. ☐ Yes ☒ No Did you or anyone in the home have job income that ended in the last 60 days?  
If yes, complete below and provide proof of your final check:

Name	Employer	Last Day Worked	Final Check Date	Reason for leaving

19. ☐ Yes ☒ No Are you or anyone in the home currently on strike?  
If yes, complete below and provide proof of your final check:

Name	Employer	When did the strike start?	Date of last check?

20. ☐ Yes ☒ No Are you or anyone in the home a migrant or seasonal farm worker?

21. ☒ Yes ☐ No Are you or anyone in the home unable to work due to a health problem?  
If yes, complete below:

Name	Applied for SSA/ SSI/ VA/ Worker's Comp?	If yes, list date applied
David Schied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

22. ☒ Yes ☐ No Does anyone in the home, including children, receive or expect to receive, income that is not from a job? If yes, complete below: *Examples:* Child Support, Alimony, Social Security, SSI, SSI State Supplement, BIA /GA, Tribal TANF, Re-employment Assistance, Retirement, Worker's Compensation, Veteran's Benefits, Pensions, Annuities, Dividends, Rental Income, Tribal Lease or Per Capita Income, Prizes, Lottery Winnings, Adoption/Guardianship or Foster Care Subsidies, Money from Family/Friends, and any other sources of unearned income.

Name	Source of Income	Gross Amount this Month
David Schied	THIS "GOVERNMENT" REFUSES TO	
"INCOME" is a "TAX" word	SSA RECOGNIZE THAT "SOCIAL	\$ 1265 This is a
and I DO NOT PAY TAXES.	SECURITY "BENEFITS" ARE NOT	\$ "Beneficiary"
I AM NOT A "TAXPAYER."	"INCOME". THE AGENTS OF THIS	\$ Amount, NOT
	STATE are engaging in CRIMINAL	\$ "INCOME"

"SUBORNATION OF PERJURY" by COERCING me to "sign"

"under penalty of perjury" that SSA is "income." Page 7



23. ☒ Yes ☐ No Do you or anyone in the home pay for <sup>APPLICATION</sup> shelter expenses?  
If yes, complete below and provide proof of the expense:

Rent	\$ _____ per month	Rental Assistance/Subsidized Housing: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If renting, list the Landlord's name:		Phone: 605-559-0512
Lot Rent	\$ _____ per month	
Mortgage	\$ _____ per month	Property Taxes \$ _____ per month <small>(if not included in mortgage)</small>
Homeowner's Insurance	\$ _____ per month <small>(if not included in Mortgage)</small>	Condo Fees \$ _____ per month <small>(if not included in mortgage)</small>

24. ☒ Yes ☐ No Do you or anyone in the home pay for utility expenses?  
If yes, check the box(s) next to the expense(s) you are responsible to pay and provide proof:

<input checked="" type="checkbox"/> Heat--Mark what type of heating source: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood Heat: if wood heat do you <input type="checkbox"/> Buy or <input type="checkbox"/> Cut Wood?		
<input checked="" type="checkbox"/> Air Conditioning	<input type="checkbox"/> Garbage	<input type="checkbox"/> Water
<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/> Sewer	<input checked="" type="checkbox"/> Telephone
<input type="checkbox"/> Cooking Fuel	<input type="checkbox"/> All of the above	

25. ☒ Yes ☐ No Have you or anyone in the home received energy assistance (LIEAP) or tribal energy assistance within the last 12 months?

26. ☐ Yes ☒ No Do you or anyone in the home pay for child care or adult care in order to work, look for work, or to attend school? If yes, complete below and provide proof of the amount billed:

Name of Person in Care	Amount Billed	How Often Billed	Provider	Receive Child Care Assistance
	\$	<input type="checkbox"/> weekly <input type="checkbox"/> Monthly <input type="checkbox"/> biweekly <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> weekly <input type="checkbox"/> Monthly <input type="checkbox"/> biweekly <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> weekly <input type="checkbox"/> Monthly <input type="checkbox"/> biweekly <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> weekly <input type="checkbox"/> Monthly <input type="checkbox"/> biweekly <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

27. ☐ Yes ☒ No Does anyone in the home pay court ordered child support/alimony to another household?  
If yes, complete below and provide proof of the amount paid:

Name of Person who Pays	How Much Per Month	To Whom Paid	How Often Billed
	\$		<input type="checkbox"/> weekly <input type="checkbox"/> Monthly <input type="checkbox"/> biweekly <input type="checkbox"/> Other
	\$		<input type="checkbox"/> weekly <input type="checkbox"/> Monthly <input type="checkbox"/> biweekly <input type="checkbox"/> Other

28. ☒ Yes ☐ No Does anyone who is a person with a disability or age 60 or older, pay medical costs?  
If yes, complete below and provide proof of the medical expense: Include doctor & hospital bills, prescription drugs, dental, eyeglasses, transportation, Medicare/health insurance premiums, etc.

Name	Amount per month	Name	Amount Per Month
David Schied	\$ varies - up to \$5000 / per month		\$
	\$ A LAWSUIT HAS BEEN FILED WITH A SECOND ONE SOON TO COME		

29. ☐ Yes ☒ No Does anyone in the home make payments to a payee for services provided?  
If yes, complete below:

Name	Amount per month	Name	Amount Per Month
	\$		\$

30. ☐ Yes ☒ No Do you or anyone in the home receive help paying expenses? If yes, complete below:  
Include help you get from any agency, organization or person in paying your household expenses.

Which Expense was Paid	Name of Person who Pays



**Are you Applying for Medical Assistance?**

Answer questions 31-41 only if you want Medical Assistance.

This is an "ADDENDUM #3" TO MARCH 2021" MEDICAID APPLICATION

31. ☐ Yes ☒ No Do you plan to file a federal income tax return next year or will you be claimed as a dependent on someone else's tax return next year? If yes, complete below:

Will you file jointly with a spouse/partner? First ADDENDUM was filed November 2022; and Second ADDENDUM was filed FEB '22	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please list name of spouse/partner:
Will you claim any dependents on your tax return? I will NOT be filing because I am a WELFARE BENEFICIARY and NOT A "TAXPAYER"	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list names of dependents:
Will you be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list the name of the tax filer: How is the tax filer related to you?

32. ☐ Yes ☒ No Does anyone else in the home plan to file a federal income tax return next year or will anyone be claimed as a dependent on someone else's tax return next year? If yes, complete below: \*\*Reminder: Any income of children listed below should also be listed on #15\*\*

<b>Name:</b>		
Will he/she file jointly with a spouse/partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list name of spouse/partner:
Will he/she claim any dependents on their tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list names of dependents:
Will he/she be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the name of the tax filer: How are they related to the tax filer?

<b>Name:</b>		
Will he/she file jointly with a spouse/partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list name of spouse/partner:
Will he/she claim any dependents on their tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list names of dependents:
Will he/she be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the name of the tax filer: How are they related to the tax filer?

<b>Name:</b>		
Will he/she file jointly with a spouse/partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list name of spouse/partner:
Will he/she claim any dependents on their tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list names of dependents:
Will he/she be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the name of the tax filer: How are they related to the tax filer?



33. ☐ Yes ☒ No Does anyone pay for certain things that can be deducted on a federal income tax return?

Name:	<input type="checkbox"/> Student Loan Interest	<input type="checkbox"/> Other deduction - list type:
	Amount \$	How Often?
Name:	<input type="checkbox"/> Student Loan Interest	<input type="checkbox"/> Other deduction - list type:
	Amount \$	How Often?

34. ☐ Yes ☒ No Is anyone in the home pregnant? If yes, complete below:

Name	Expected Due Date	Number of Babies Expected

35. ☒ Yes ☐ No Does anyone requesting medical assistance have unpaid medical or dental bills for services in the last 3 months? If yes, complete below and provide proof of income for those months:

Name	Month of Medical Bill(s)
Too many to list here. A LAWSUIT HAS BEEN FILED for recovery of DEBT COLLECTIONS activities and billing back to 2021 when first "application" was DENIED by ILLEGAL and DISCRIMINATORY activity between "agents and principals" of BOTH	

the DSS and the DHS acting in a "RICO" CRIMINAL COLLUSION to "deny rights."

36. ☐ Yes ☒ No Has any household member requesting medical assistance dropped group health insurance within the last 3 months?

37. ☐ Yes ☒ No Are you or anyone in the home covered or eligible for coverage under the SD State Employees insurance program? If yes, who \_\_\_\_\_

38. ☒ Yes ☐ No Is anyone in the home covered by health insurance other than Medicaid/CHIP? If yes, complete below:

Person(s) Covered	Policy Holder	Name and Address of Insurance Co.	Check Type of Insurance	Group # Policy #	Start Date/ End Date
David			<input checked="" type="checkbox"/> Medicare A <input checked="" type="checkbox"/> Medicare B <input checked="" type="checkbox"/> Medicare D <input type="checkbox"/> Inpatient <input type="checkbox"/> Pharmacy <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Mental <input type="checkbox"/> Outpatient <input type="checkbox"/> Other		

\*\*\* If anyone listed on this application is offered health coverage from a job, complete appendix B.

39. ☐ Yes ☒ No Has any Native American household member received/eligible for a service from Indian Health Services (IHS), Urban Indian Health or other tribal healthcare? If yes, who \_\_\_\_\_

40. ☐ Yes ☒ No Was any household member in state sponsored foster care at age 18? If yes, who \_\_\_\_\_ What state? \_\_\_\_\_

There is MORE but ran out of space. All this (+ housekeeping) is well known by DSS

41. ☒ Yes ☐ No Does anyone have conditions that cause limitations in daily activities (like bathing, dressing, personal care etc.)? If yes, who As provided in 2022 with NOTHING

Post-gangreneous condition of nasal cavity. done except to DENY based on FRAUD No fingers for wiping own ass (uses "DURABLE MEDICAL EQUIPMENT" and NOT the hands and fingers of "HUMAN SERVICES")

Bathing requires "DURABLE MEDICAL EQUIPMENT" for INDEPENDENCE and NOT the "STATE-COERCED 'HUMAN SERVICES' which violates both "letter" and "spirit" of laws MANDATING "least restrictive environment" and NOT "DEPENDENCY" upon "HUMAN" services which violate privacy rights. ELECTRIC MOBILITY DEVICES are needed to transfer between bed and around HOME and into SHOWER. Shower bench and handles near toilet are needed, NOT "HUMAN SERVICES." Food Prep help needed.



## Complete for Each Household Member Applying for SNAP or TANF

42. ☐ Yes ☒ No Are you or anyone in the home hiding or running from the law:
- to avoid prosecution or felony prosecution
  - to avoid being taken into custody, or going to jail for a felony, attempted felony
  - violating parole or probation
- If yes, list name(s) It is the STATE "agents and principals" who HIDE behind their corrupt STATE BAR CRIME SYNDICATE.
43. ☐ Yes ☒ No Has anyone in the home been convicted of any of the following after September 22, 1996?
- fraudulently receiving duplicate SNAP, TANF, Medical, or Supplemental Security Income (SSI) benefits in any state
  - buying or selling SNAP benefits of \$500 or more; trading SNAP benefits for guns, ammunition, explosives, or drugs
- The ONLY reason STATE "principals and agents" are NOT in prison themselves is because the "SPECIAL ASSISTANT ATTORNEY GENERAL refused to prosecute.
- If yes, list name(s) \_\_\_\_\_
44. ☐ Yes ☒ No Has anyone in the home been convicted of a felony after February 7, 2014 and are not in compliance with the terms of their sentence or parole?
- If yes, list name(s) \_\_\_\_\_ State where convicted: \_\_\_\_\_

## Would you like to Register to Vote?

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

- ☐ Yes ☒ No If you are not registered to vote where you live now, would you like to apply to register to vote here today?

**If you do not check either box, you will be considered to have decided NOT to register to vote at this time.**

(Failure to check either box is deemed a declination to register for purposes of receiving assistance in registration but is not deemed a written declination to receive an application. If you do not check either box, you will be provided a voter registration form that you may complete at your convenience.)

If you register to vote, the information regarding the office to which the voter registration form was submitted will remain confidential and be used only for voter registration purposes. If you do not register to vote, this decision will remain confidential and be used only for voter registration purposes. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the South Dakota Secretary of State, 500 E Capitol, Pierre SD 57501, (605) 773-3537.

It doe no good whatsoever to report either cases of DISCRIMINATION or CRIMES because the "DEEP STATE" refuses to prosecute any members of itself; and similarly the are SILENT, acquiescent to the FACTS in TACIT AGREEMENT, with and completely dependent upon their multi-tiered and multi-faceted CRIMINAL "RICO" and "CONTINUING FINANCIAL CRIMES ENTERPRISE" to COERCE both FACTS and LAWS to victimize the STATE's "most vulnerable" of "poor, elderly, and disabled" in blatant ACTS OF DOMESTIC TERRORISM protected by the MONOPOLY

\*\*\*\*\* TO COMPLETE THE APPLICATION, TURN PAGE AND SIGN AT THE BOTTOM OF PAGE 13 \*\*\*\*\*

power of the STATE BAR CRIME SYNDICATE over the "judicial" system.





## Read the Following Sections Carefully

- I agree to inform the SD Department of Social Services when
  - my household's income exceeds the maximum amount for my household size; or
  - I or one of my household members is eligible only because of working 20 hours a week and the employment stops or hours decrease to less than 20 hours a week; or
  - You or one of your household members receive lottery or gambling winnings of \$3,500 or more (before taxes or other deductions). Winnings must be reported within 10 days of their receipt.
- I agree that everyone receiving SNAP benefits will cooperate with work requirements, unless exempt.
- I understand that any person required to cooperate with work requirements who does not cooperate, will not receive SNAP.
- If receiving Medical Assistance, I agree to inform the SD Department of Social Services if the number of persons living with me or a pregnancy status changes, if there is a change in income, tax filing status changes, or a change in insurance.
- I understand that by applying for and accepting medical assistance, I assign any proceeds or any other third-party support, for each person for whom Medical coverage was requested, to the SD Department of Social Services.
- I understand that if any child on this application has a parent living outside the home, I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm my children, I can tell Medicaid and I may not have to cooperate.
- I understand that if any of my children on this application has a parent living outside the home, I will be asked to cooperate with the agency that collects child support from an absent parent for SNAP and TANF eligibility. If I do not cooperate, I understand I will not be eligible for SNAP and TANF benefits. If I think that cooperating to collect child support will harm me or my children, I can tell my Benefits Specialist and I may not have to cooperate.
- I understand I have the right to appeal if my SNAP and/or TANF application is not acted on within 30 days or my medical application is not acted on within 45 days by Economic Assistance.
- I understand I have the right to appeal within 90 days, if I disagree with any action made regarding my SNAP benefits. I also understand that I have the right to appeal within 30 days if I disagree with any decision made regarding my TANF and/or Medical Assistance application.
- Federal and state laws and regulations limit the use and disclosure of confidential or protected health information about applicants and recipients of assistance programs.
- Social Security numbers must be provided for all members applying for or receiving assistance. (Public Law 104-193 governing TANF, authorized under the Food and Nutrition Act of 2008 as amended through Public Law 110-246, and ARSD 67:46:01:12 governing Medical Assistance): Individuals applying for assistance may request help in obtaining Social Security numbers. Social Security numbers will not be shared with Federal immigration. Social Security numbers and all other information provided will be used or disclosed in order to determine eligibility and benefit level, prevent duplicate participation, verify the accuracy of information provided, verified through computer cross matches with other Federal and State agencies (Department of Labor, Social Security, Internal Revenue Service, etc.) when a discrepancy is found, assist in collection of benefit overpayments, used for program compliance and management, and apprehend persons fleeing to avoid the law, if requested.

**PENALTIES:** for government "agents and principals" who do not "faithfully perform

If you do the following, their OATHS and DUTIES to the sovereign People under the	
<ul style="list-style-type: none"> <li>Hide information or make false statements</li> <li>Use SNAP benefits that belong to someone else</li> <li>Use SNAP benefits to buy alcohol or tobacco</li> <li>Trade or sell SNAP benefits, South Dakota EBT cards, or groceries purchased with SNAP benefits</li> </ul>	<ul style="list-style-type: none"> <li>Lose SNAP and/or TANF benefits for:               <ul style="list-style-type: none"> <li>12 months for the first offense</li> <li>24 months for the second offense</li> <li>Permanently for the third offense</li> </ul> </li> <li>May be referred for criminal prosecution</li> </ul>
<ul style="list-style-type: none"> <li>Trade SNAP benefits for controlled substances such as drugs</li> <li>Conspiracy and Deprivation of Rights</li> <li>Under Color of Law (18 USC Sec. 241-242)</li> <li>Trade SNAP benefits for firearms, ammunition, or explosives</li> <li>Trade, buy, or sell SNAP benefits of \$500 or more</li> </ul>	<ul style="list-style-type: none"> <li>Lose SNAP benefits for:               <ul style="list-style-type: none"> <li>24 months for the first offense</li> <li>Permanently for the second offense</li> </ul> </li> <li>Lose SNAP benefits permanently</li> </ul>
<ul style="list-style-type: none"> <li>Give false information when applying for or receiving assistance</li> </ul>	<ul style="list-style-type: none"> <li>Be fined up to \$1000 or sentenced up to 12 months in county jail, or both, if convicted of a misdemeanor</li> <li>Be fined up to \$2000 or sentenced up to 2 years in prison, or both, if convicted of a felony</li> </ul>
<ul style="list-style-type: none"> <li>Give false information with respect to the identity or place of residence in order to receive multiple SNAP benefits simultaneously</li> </ul>	<ul style="list-style-type: none"> <li>Lose SNAP benefits for 10 years.</li> </ul>
<ul style="list-style-type: none"> <li>Give false information affecting eligibility of Medical Assistance</li> </ul>	<ul style="list-style-type: none"> <li>Lose Medical Assistance up to a year</li> <li>Be fined up to \$5000 or sentenced up to 5 years in prison, or both, if convicted</li> </ul>
You can also be fined up to \$250,000 or sentenced to prison up to 20 years, or both, for doing these things. You may also be charged under other Federal or State programs and could be ordered to repay the cost of that assistance. You may also be barred from receiving SNAP for an additional 18 months if court ordered. You can also be charged with perjury.	

I understand that the information on this form is subject to verification by Federal, State, and local officials to determine that such information on this application is correct and complete including citizenship and alien status of the members applying for benefits. If any information is found to be incorrect, benefits may be reduced or terminated, and I will be responsible for paying the benefits back. I declare and affirm under penalties of perjury that this application has been examined by me and to the best of my knowledge and belief is in all things true and correct. I understand I may be subject to criminal prosecution for knowingly providing incorrect information. I have read and understand the legal information and understand my responsibilities and agree to fulfill them. I understand the penalties for giving false information or breaking the rules of the assistance program(s).

Signature of Applicant: /s/ David Schied (SEE attached "ADDENDUM TO SIGNATURE")  
(ALL RIGHTS RESERVED) The digital "signature" is 2/15/23

Signature of Authorized Representative: authorized as a "reasonable accommodation" under the

AMERICANS WITH DISABILITIES ACT for a totally and permanently quad



## Read the Following Sections Carefully

- **Notice of Nondiscrimination**

As a recipient of Federal financial assistance and a State or local governmental agency, the Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission or access to, or treatment or employment in, its programs, activities, or services, whether carried out by the Department of Social Services directly or through a contractor or any other entity with which the Department of Social Services arranges to carry out its programs and activities; or on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in, its programs, activities, or services when carried out by the Department of Social Services directly or when carried out by sub-recipients of grants issued by the United States Department of Justice, Office on Violence against Women.

The Department of Social Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact your local DSS office.

If you believe that DSS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a discrimination complaint or grievance with: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governors Drive, Pierre, SD 57501. Phone: (605) 773-3305, Fax: (605) 773-7223, [DSSInfo@state.sd.us](mailto:DSSInfo@state.sd.us). You can file a discrimination complaint or grievance in person or by mail, fax, or email. If you need help filing a discrimination complaint or grievance, the Discrimination Coordinator, Director of DSS Division of Legal Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, and 28 CFR Part 35, the Omnibus Crime Control and Safe Streets Act of 1968, Title IX of the Education Amendments of 1972, Equal Treatment for Faith-based Religions at 28 CFR Part 38, the Violence Against Women Reauthorization Act of 2013, and Section 1557 of the Affordable Care Act

- **USDA Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1.800.877.8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture,  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW,  
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.





## Authorization to Furnish/Release Information

All adult household members should read and sign this Authorization to Furnish/Release Information form. This form may be used to help verify information you provide to process your application. If you need additional copies of this form, please contact your local office or download from the website.

Case Name: David Schied

ALL of my inalienable RIGHTS to constitutional  
To Whom it May Concern: guarantees are RESERVED!

NOTE: "Any representative" must show proof of qualifications to ...  
I give my consent for any person, agency, or institution to supply information to the Department of Social Services, about me or my household, and to allow inspection and copying of records about me or my household by any representative of the Department. ... include first answering my previous "Open Records" requests for personnel deciding upon DENIALS. I authorize the Department to release information to providers, state, or federal agencies, but only so long as the information is supported by an accountable human being, ... release any person, agency, or institution from any liability to me or my household for supplying such information. ...testifying to truth and accuracy of the information provided.

This consent is given only for use by the Department in administration of its benefit programs. I know that I have the right to challenge the accuracy of any information furnished by "any person, agency or institution."

/s/ David Schied (SEE attached "ADDENDUM TO SIGNATURE")

Signature of Applicant/Recipient

Date 2/15/23

(ALL RIGHTS RESERVED")The digital "signature" of "/s/" is authorized as a "reasonable accommodation" under the AMERICANS WITH DISABILITIES ACT for a

Signature of Spouse/Guardian

Date

totally and permanently disabled quad-amputee.

P.O. Box 321

Address

SPEARFISH, SD 57783

City/State/Zip

605-340-4439 (All calls recorded)

Telephone Number





## Appendix A —Complete if American Indian or Alaska Native and you are requesting Medical Assistance

### American Indian or Alaska Native Family Member (AI/AN)

Complete this page if you or family members are American Indian or Alaska Native. Submit this with your Application.

**Tell us about your American Indian or Alaska Native family member(s).**

American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They also may NOT have to pay cost sharing and may get special monthly enrollment periods. Answer the following questions to make sure your family gets the most help possible.

NOTE: If you have more people to include, make a copy of this page and attach.

	AI/AN PERSON 1	AI/AN PERSON 2
1. Name (First Name, Middle Name, Last Name)	First Middle Last	First Middle Last
2. Member of a federally recognized tribe?	Yes <input type="checkbox"/> If yes, tribe name:	Yes <input type="checkbox"/> If yes, tribe name:
3. Certain money received may NOT be counted for Medicaid or the Children's Health Insurance Program (CHIP). List any income (amount and how often) reported on your application that includes money from these sources: • Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties • Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations) • Money from selling things that have cultural significance	\$ _____ How often? _____	\$ _____ How often? _____
AI/AN PERSON 3	AI/AN PERSON 4	AI/AN PERSON 5
First Middle Last	First Middle Last	First Middle Last
Yes <input type="checkbox"/> If yes, tribe name:	Yes <input type="checkbox"/> If yes, tribe name:	Yes <input type="checkbox"/> If yes, tribe name:
\$ _____ How often? _____	\$ _____ How often? _____	\$ _____ How often? _____
AI/AN PERSON 7	AI/AN PERSON 8	AI/AN PERSON 9
First Middle Last	First Middle Last	First Middle Last
Yes <input type="checkbox"/> If yes, tribe name:	Yes <input type="checkbox"/> If yes, tribe name:	Yes <input type="checkbox"/> If yes, tribe name:
\$ _____ How often? _____	\$ _____ How often? _____	\$ _____ How often? _____
AI/AN PERSON 10	AI/AN PERSON 11	AI/AN PERSON 12
First Middle Last	First Middle Last	First Middle Last
Yes <input type="checkbox"/> If yes, tribe name:	Yes <input type="checkbox"/> If yes, tribe name:	Yes <input type="checkbox"/> If yes, tribe name:
\$ _____ How often? _____	\$ _____ How often? _____	\$ _____ How often? _____

**\*\*If you have more people living in your home, please complete an additional page\*\***





## Appendix B – Health Coverage from Jobs—Complete only if requesting Medial Assistance

You **DON'T** need to answer these questions unless someone in the household is eligible for health coverage from a job. Attach a copy of this page for each job that offers coverage.

**Tell us about the job that offers coverage.**

If you need help completing this section take this page to the employer who offers coverage to help answer the questions.

### Employee information

First Name	Initial	Last Name	Social Security Number
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### Employer information

Employer Name		Employer Identification Number (EIN)	
Employer Address		Employer Phone Number	
City	State	Zip Code	
Who Can we Contact about Employee Health Coverage at this Job?			
Phone Number (if different from above)		Email Address	

1. ☐ Yes ☐ No Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months?

1a. If you're in a waiting or probationary period, when can you enroll in coverage? \_\_\_\_/\_\_\_\_/\_\_\_\_

List the name(s) of anyone else who is eligible for coverage from this job.

Name(s): \_\_\_\_\_

### Tell us about the health plan offered by this employer.

2. ☐ Yes ☐ No Does the employer offer a health plan that meets the minimum value standard?
3. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and did not receive any other discounts based on wellness programs.
- 3a. How much would the employee have to pay in premiums for this plan? \_\_\_\_\_
- 3b. How often? ☐ Weekly ☐ Every 2 Weeks ☐ Once a month ☐ Quarterly ☐ Yearly
4. What change will the employer make for the new plan year (if known)?
- ☐ Employer won't offer health coverage
- ☐ Employer will start offering health coverage to employees or change the premium for the lowest cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs.)
- 4a. How much will the employee have to pay in premiums for that plan? \_\_\_\_\_
- 4b. How often? ☐ Weekly ☐ Every 2 Weeks ☐ Once a month ☐ Quarterly ☐ Yearly
- 4c. Date of change (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).





# Economic Assistance Helpful Reminders

**PLEASE KEEP THIS SECTION FOR YOUR RECORDS!**

**Information for SNAP:** I keep RECORDS of ALL interactions with STATE and UNITED STATES government "agents" and "principals".

- You **must** report to the Department of Social Services (DSS) when:
  - Your household income exceeds the maximum amount for your household size **or**
  - You or one of your household members is eligible only because of working 20 hours a week and the employment stops or hours decrease to less than 20 hours a week; **or**
  - You or one of your household members receive lottery or gambling winnings of \$3,500 or more (before taxes or other deductions). Winnings must be reported within 10 days of their receipt.
- If you have received lottery or gambling winnings of \$3,500 or more, you will immediately be ineligible for SNAP. You will remain ineligible until you again meet the allowable resource and income eligibility limits.
- If eligible, you are entitled to one SNAP benefit per month. If you apply after the 15<sup>th</sup> of the month, you may receive the first- and second-months' benefits at the same time.
- If you receive the wrong amount of benefits, you will have to pay them back.
- You cannot receive SNAP benefits and commodities in the same month unless the commodities are distributed through the Senior Box Program.
- If you are age 18-49, able to work but not working, you may only be eligible for benefits for 3 months out of a 36 month time period unless you live with a dependent child under age 18 or other exemption criteria are met.
- If you are able to work, you must register for work and cooperate with work registration requirements. Failure to cooperate will result in disqualification. Quitting a job or voluntarily reducing employment hours, without good cause, may also result in disqualification.
- You can spend SNAP benefits like cash at authorized stores for food and for edible garden plants or seeds to grow food to eat. You cannot buy alcohol, tobacco, vitamins, medicine, pet food, paper products, or hot foods prepared for immediate consumption with your SNAP benefits.
- You are not allowed to pay for food purchased on credit with SNAP benefits. If you do, you may lose benefits.
- The SD EBT card, benefits, or food purchased with the SD EBT card cannot be sold or traded. It is against the law. If benefits and/or food purchased with SNAP benefits are sold or traded, it will be investigated and if found guilty, a 12 month, 24 month, or permanent disqualification for SNAP will be implemented and the amount of any misused benefits will be required to be repaid. Individuals may also be referred for criminal prosecution which could result in a fine and/or prison time.
- Once you've received your benefits, you can use them right away. We recommend you use your South Dakota EBT (SD EBT) card at least once every 30 days. If your case closes you can still use any benefits remaining in your account for up to 9 months. The card may be used anywhere in the United States where EBT is accepted.
- If your SD EBT card is lost, stolen or damaged, you must call the EBT customer service number at **1-800-604-5099** to order a replacement. A replacement card will be mailed to you within 5-7 days. Make sure DSS has your current mailing address prior to ordering a replacement EBT card.
- The SD EBT card will last for years. It is important to keep the SD EBT card in a safe and secure location. Multiple requests for replacement EBT cards may result in an investigation.
- Funds taken from the SD EBT card must be for the exact amount of the purchase. You should not be charged sales tax on purchases made with SNAP benefits.
- Your case may be subject to a Federal or State audit whether it is active or not.
- If your SNAP case closes, your household may continue to be eligible for other assistance such as TANF and/or Medical.
- A copy of your application is available to you either in paper or electronic format.



### **Information for TANF:**

- You must report to DSS when your household income exceeds the maximum amount for your TANF household size.

### **Information for SNAP & TANF:**

- Information reported to your Benefits Specialist the first of the month or later will not change benefits until the following benefit month(s).
- Children receiving SNAP or TANF benefits are automatically eligible for the National School Lunch program if it is offered at the school the child attends.
- If required, you must complete a report form in six months.
- Your SNAP and/or TANF benefits may be reduced or stopped if you do not cooperate with the TANF work program.

### **Information for Medical programs:**

- After approval, for **ALL** questions regarding covered medical services or billing issues please call – **1-800-597-1603**. You may also refer to the medical recipient handbook.
- After medical approval, to change your primary care provider, you can go on-line at <http://apps.sd.gov/SW96Provider/MMCPSelectionForm.aspx> call your Benefits Specialist **OR** you can stop by your local DSS office to request the change. Remember, your request will not take effect until the 1<sup>st</sup> of the next month.

### **General Information for All programs:**

- Social Security numbers (SSN) must be provided for all household members over the age of 6 months if you want benefits for the individual. Infants 7 months or older without a SSN must provide proof that a SSN has been applied for or the infant will be ineligible for benefits until the SSN is provided or proof of application is received.
- All adult household members should read and sign an Authorization to Furnish/Release Information. This form is included in the application for the applicant and spouse to sign. If there are other adult household members, additional forms will be provided.
- Please make sure we have your most current mailing address because mail from the Department of Social Services is **NOT** forwarded by the Post Office.
- I understand that I must inform my Benefits Specialist if I have been convicted of an Intentional Program Violation (IPV) for any benefit program, whether the conviction was in South Dakota or any other state.
- I understand that I only have to provide immigrant status for individuals asking for or receiving benefits. However, individuals are still required to answer questions and submit verification about income and resources which may affect eligibility and benefits. An individual's immigration status will be verified if he/she applies for and/or receives benefits. Verification will be obtained by USCIS (U.S. Citizenship & Immigration Services).
- I understand that I will receive a written notice explaining the benefits I will receive. If benefits are denied, changed, suspended, or stopped, the written notice will explain why.
- Information you provide and information obtained by DSS through computer cross-matching with other agencies (Dept. of Labor and Regulation, Internal Revenue Services, Social Security Administration, etc.), employers, financial sources, and other third parties will be used and may be verified when discrepancies are found.
- If you wish to appeal our decision to reduce, deny, or close benefits, you may request a fair hearing by writing any office in the Department of Social Services or send your written request directly to the Office of Administrative Hearings, Kneip Building, 700 Governors Drive, Pierre, SD 57501-2291. **For SNAP only**, you may make your request by calling any local Department of Social Services office or the office of Administrative Hearings at 1-605-773-6851.
- You may complete your application, renewal, or 6 month report form online at the following:  
[www.dss.sd.gov/applyonline](http://www.dss.sd.gov/applyonline)



SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES



Strong Families - South Dakota's Foundation and Our Future

609 5<sup>th</sup> AVENUE  
BELLE FOURCHE, SD 57717-1405

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5001 74 0

PM 57717



David  
PO Box