

HEAD START - TANF LIST REQUEST

Program Name _____ Date _____

Contact Name, Phone & Email

Delivery Address, Street/PO Box town, zip code

Age Range requested: Please specify age of children by birth date range (month/day/year)

_____ to _____

_____ to _____

_____ to _____

_____ to _____

Please list service area by County name and number:

Submit requests to:

Jodi Berscheid

Jodi.berscheid@state.sd.us

Head Start State Collaboration Office Director

Office Phone 605.773.4640 Office

Office Use Only

Date Received _____

Date to DSS _____

Date Labels Sent _____