

# HEAD START - TANF LIST REQUEST

Program Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Name, Phone & Email

\_\_\_\_\_

Delivery Address, Street/PO Box town, zip code

\_\_\_\_\_

Requesting: \_\_\_\_\_ Mailing Labels \_\_\_\_\_ Mailing Lists

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

Early Head Start \_\_\_\_\_ to \_\_\_\_\_

Head Start \_\_\_\_\_ to \_\_\_\_\_

Please list service area by County name and number:

Submit requests to:

Kristi Swier [Kristi.swier@state.sd.us](mailto:Kristi.swier@state.sd.us)

Head Start State Collaboration Office Director

Office Phone 605.773.4640 Office Fax 605.773.6139

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Office Use Only

Date Received \_\_\_\_\_

Date to DSS \_\_\_\_\_

Date Labels Sent \_\_\_\_\_