

**DEPARTMENT OF SOCIAL SERVICES
DIVISION OF ECONOMIC ASSISTANCE**



PHONE:
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BOARDING SCHOOL/INSTITUTION DOCUMENTATION

The following members of my household are attending **boarding school**:

Name of Child	Name of School

.....
The following members of my household are attending a temporary **Treatment facility**:

Name of Child	Name of Institution

.....
They left (will leave) the home on:

Date

They will return on:

(if known).

Date

.....
I will spend their share of the TANF/BIA/TWEP received each month on them. I will remember to report if the child changes schools, institutions or returns home.

Recipient's signature

Date