

South Dakota Department of Social Services
ELECTRONIC PAYMENT EXEMPTION REQUEST FORM

Provider Information	
Name:	Provider Number:
Business Name:	
Mailing Address:	
City:	State/Zip:
Daytime Telephone Number:	
Tax ID or Social Security Number:	Date of Birth:

I am requesting an exemption from electronic payment of my Child Care Assistance Payment because: (select one below)	
<input type="checkbox"/>	<p>This is no ATM or financial institution that allows Visa cash advances within 50 miles of my home or employer location, and I am unable to establish a checking or savings account at a financial institution.</p> <p><i>(You must include documentation that a financial institution denied an application to establish an account or that a financial institution has involuntarily closed your account within the past 12 months).</i></p>
<input type="checkbox"/>	<p>I am currently involved in legal proceedings, such as bankruptcy, which requires payments to be sent to a trustee or other representative payee.</p> <p><i>(Please attach documentation)</i></p>
<input type="checkbox"/>	<p>I have a court-appointed guardian or conservator.</p> <p><i>(Please attach documentation)</i></p>

Sign to complete exemption request:

Your Signature _____ Date _____

Mail this completed form and documentation to:

**Child Care Services
 Department of Social Services
 700 Governors Drive
 Pierre, SD 57501**