

Please fill out the information below and we will get back to you as soon as possible.

Name _____

Email _____

Telephone Number (where you can be contacted): ______

Information Requested: ______

*Note: All fields are required. Providing this information enables us to respond more effectively to your request.

After completing this fillable PDF, please click the download arrow at the top of the page to save the form to your device. Once saved, attach the form to an email and send it to <u>DSS.FoodStamp@state.sd.us</u>.