

# Delivery of Disaster EBT Cards and Disaster FNS Policy Contacts

(Please Type or Print)

County Name: \_\_\_\_\_

Deliver Cards to (DSS Physical Address):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

## Disaster EBT Card Delivery Contacts

Primary Contract

Secondary Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_

Pager Number: \_\_\_\_\_

## Disaster FNS Policy Contacts

Primary Contract

Secondary Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_

Pager Number: \_\_\_\_\_

Mail or Fax completed form to David Locklear at:

NC Division of Social Services  
Economic and Family Services  
325 North Salisbury Street, MSC 2420  
Raleigh, NC 27699-2420  
Fax: (919) 334-1266

If you choose to submit your response via email attachment, send to [Economic.Services.Reports@ncmail.net](mailto:Economic.Services.Reports@ncmail.net) with "Disaster FNS Contacts" in your subject line.

**Please return by Wednesday, April 15, 2009**