

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, State, Zip: _____

Disaster EBT Card Delivery Contacts

Primary Contract

Secondary Contact

Name: _____

Title: _____

E-Mail Address: _____

Office Telephone: _____

Home Telephone: _____

Cell Telephone: _____

Disaster FNS Policy Contacts

Primary Contract

Secondary Contact

Name: _____

Title: _____

E-Mail Address: _____

Office Telephone: _____

Home Telephone: _____

Cell Telephone: _____

Email completed form to Valerie Dixon at Valerie.Dixon@dhhs.nc.gov or fax to (919) 334-1265 **by Friday, August 1, 2014.**