

Delivery of Disaster EBT Cards and Disaster FS 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 Food Stamp 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:

NCDHHS/DSS
Food Assistance and Energy Programs Branch
325 North Salisbury Street, MSC 2420
Raleigh, NC 27699-2420
Fax: (919) 733-0645

Please return by Friday, August 13, 2004