

**Food and Nutrition Services  
Returned Disaster EBT Cards**

**Section 1. Completed By County Department of Social Services**

**Job #:** \_\_\_\_\_ **Liner #:** \_\_\_\_\_  
**Sequence #:** \_\_\_\_\_ **to** \_\_\_\_\_

**Job #:** \_\_\_\_\_ **Liner #:** \_\_\_\_\_  
**Sequence #:** \_\_\_\_\_ **to** \_\_\_\_\_

**Job #:** \_\_\_\_\_ **Liner #:** \_\_\_\_\_  
**Sequence #:** \_\_\_\_\_ **to** \_\_\_\_\_

**Job #:** \_\_\_\_\_ **Liner #:** \_\_\_\_\_  
**Sequence #:** \_\_\_\_\_ **to** \_\_\_\_\_

\_\_\_\_\_  
**County Staff Signature & Date**

**Section 2. Completed by County Department of Social Services Staff**

**(A.) The EBT cards in Section 1 are being returned to:**

**Name of Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Section 2. Completed by Carrier's Organization or State Staff**

**(B.) This is to certify that the EBT Cards in Section 1 are being returned.**

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**(C.) This is to certify that the EBT Cards in Section 1 were returned.**

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Note: Carrier cannot sign Part C until Section 3 has been signed. Carrier will return completed copy to County DSS Staff.**

**Section 3. Completed by Food and Nutrition Services State Staff**

**This is to certify that I received the Disaster EBT Cards indicated in Section 1.**

**FNS State Staff Name:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_