

Section 1. Completed by Food and Nutrition Services State Staff

Job #: _____ Liner #: _____
Sequence #: _____ to _____

Job #: _____ Liner #: _____
Sequence #: _____ to _____

Job #: _____ Liner #: _____
Sequence #: _____ to _____

Job #: _____ Liner #: _____
Sequence #: _____ to _____

FNS State Staff Signature & Date

Section 2. Completed by Food and Nutrition Services State Staff

(A.) The EBT cards in Section 1 are for delivery to:

Name: _____

Name of Agency: _____

Address: _____

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

(B.) This is to certify that I received the EBT Cards in Section 1.

Printed Name: _____ Title: _____

Signature: _____ Date: _____ Time: _____

(C.) This is to certify that I delivered the EBT Cards in Section 1.

Printed Name: _____ Title: _____

Signature: _____ Date: _____ Time: _____

Note: Carrier cannot sign Part C until Section 3 has been signed. Carrier MUST return completed original to FNS State Staff. County must retain a copy.

Section 3. Completed By County Department of Social Services

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

County DSS Name: _____

Printed Name: _____ Title: _____

Signature: _____

Date: _____ Time: _____