

## County Contacts for EBT Call Center

(Please Type or Print)

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

Deliver ABAWD Questionnaire Form:

County Fax Number \_\_\_\_\_

### **ABAWD Questionnaire Form**

Primary Contact

Secondary Contact

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

The EBT Call Center will fax all completed ABAWD Questionnaire forms twice a day to the primary contact person.

**Please email this form to [robert.butler@dhhs.nc.gov](mailto:robert.butler@dhhs.nc.gov) no later than March 22, 2016.**