Mississippi Department of Human Services

Mississippi EBT Disaster SNAP Card Log

Form MDHS1-D
August 2013

BOX NUMBER 2012-01 SLEEVE NUMBER 1 START DATE _____ END DATE _____ LOCATION _____

SEQ #	SIGNATURE OF RECIPIENT	BAR CODE / 16-DIGIT CARD #	BAR CODE / 16-DIGIT CARD #	NAME OF RECIPIENT	ISSUANCE STAFF	
					Initials	Date
001		507718[redacted]783	507718[redacted]783			
002		507718[redacted]791	507718[redacted]791			
003		507718[redacted]809	507718[redacted]809			
004		507718[redacted]817	507718[redacted]817			
005		507718[redacted]825	507718[redacted]825			
006		507718[redacted]833	507718[redacted]833			
007		507718[redacted]841	507718[redacted]841			
008		507718[redacted]858	507718[redacted]858			
009		507718[redacted]866	507718[redacted]866			
010		507718[redacted]874	507718[redacted]874			

Signature of MDHS Card Verifier/Receiver #1: _____ Date: _____

Signature of MDHS Card Verifier/Receiver #2: _____ Date: _____

Signature of MDHS Card Issuer(s): _____ Date: _____