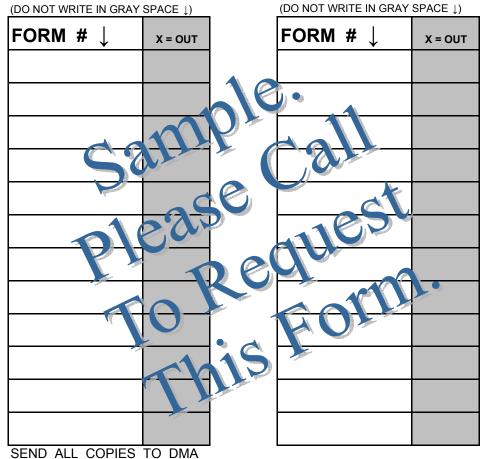
DMA-2000A REV. 10 / 2009

COUNTY DSS REQUEST FOR DMA FORMS



Send To:	From:
DIVISION OF MEDICAL ASSISTANCE	COUNTY DSS
MAIL MANAGEMENT SECTION	
2501 MAIL SERVICE CENTER	ATTN:
RALEIGH, NC 27699-2501	
	PHONE #: ()
COURIER # <u>MSC - 2501</u>	
	COURIER #:
FAX # (919) 715-2798 (EMERGENCY ONLY)	
(3 FORMS MAX)	DATE:
PH. # (919) 855-4160 (INQUIRE ABOUT FORMS)	

WRITE FORM NUMBER IN WHITE SPACE - YOU WILL RECEIVE 1000 OF THAT FORM



YELLOW COPY --- WILL BE SENT TO RECIPIENT SERVICES
PINK COPY --- WILL BE SENT BACK TO DSS