

Submission Studio

Form Name: FNS-583 (3-05) [\[Warnings\]](#)  
 Form Description: Food Stamp Employment and Training Program Activity Report  
 Program: Food Stamp Operational Project  
 State: AL  
 Agency Code: 0192901  
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 Agency Name: AL DEPT. OF HUMAN RESOURCES  
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Analyze

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E&T Program Activity Report [Remarks](#)

E&T Program Activity Report Complete on First Quarter Report

1. Number of work registrants receiving food stamps on October 1 of the new fiscal year

2. Number of new work registrants

3. Number of ABAWD applicants and recipients participating in qualifying components

4. Number of all other applicants and recipients (including ABAWDs involved in nonqualifying activities) participating in components

5. Number of ABAWDs case months used under the State agency's 15% exemption allowance

Complete On Fourth Quarter Report For Entire Fiscal Year

	Month 1	Month 2	Month 3	Quarterly Total	Fiscal Year To Date
2. Number of new work registrants	6,623	5,646	5,796	18,065	37,117
3. Number of ABAWD applicants and recipients participating in qualifying components	0	0	0	0	0
4. Number of all other applicants and recipients (including ABAWDs involved in nonqualifying activities) participating in components	1,407	1,387	1,404	4,198	7,651
5. Number of ABAWDs case months used under the State agency's 15% exemption allowance	0	0	0	0	0

6. Number of individuals who participated in each component (list components below)

Components	Number Who Participated in Each Component	
ABAWD		
Non-ABAWD		
<b>Total</b>		

Total Component Participation	Number Who Participated E&T Program

Employment And Training Program Participation	Number Who Participated E&T Program

7. Number of individuals who participated in the E&T program during the fiscal year

Components

#	Components	ABAWD	Non-ABAWD	Total