FORM APPROVED OMB. NO. 0584-0037

U.S DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

REPORT OF DISASTER FOOD STAMP BENEFIT ISSUANCE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0037. The time required to complete this information collection is estimated to average .42 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data need, and completing reviewing the collection information.

Submit completed report to: Regional Administrator, Food and Nutrition Service, USDA no later than 45 days after completion of disaster relief operations.

DISASTER FOOD STAMP BENEFIT ISSUANCE. Complete items 1 through 15. If the authentication to issue food stamp benefits under disaster procedures is extended, a separate report should be submitted for each authorization period.

1. STATE NAME	2. AGENCY NAME	3. AGENCY CODE (7 Digits)	4. DISASTER DATE

5. BRIEF DESCRIPTION OF AREA AFFECTED (counties, cities, towns, etc., located within area of disaster.)

6. PRESIDENTIAL DECLARATION
__ YES __ NO

8. APPLICATION PERIOD
FROM (MM, DD, YYYY) THROUGH (MM, DD, YYYY)

7. TYPE OF DISASTER
__ FLOOD __ HURRICANE __TORNADO
__ WINTER STORM __ WILDFIRE __OTHER(Specify)_____

9. BENEFIT PERIOD OF ISSUANCE
FROM (MM, DD, YYYY) THROUGH (MM, DD, YYYY)

10. ALLOTMENT ISSUED TO EACH HOUSEHOLD
NEW HOUSEHOLDS: __ 1 MONTH MAXIMUM ALLOTMENT __OTHER (Specify)_____
ONGOING HOUSEHOLDS: __ SUPPLEMENT UP TO THE MAX. ALLOTMENT __OTHER (Specify)_____
AUTOMATIC SUPPLEMENTS? ___YES ___NO

11. GIVE TOTAL BREAKDOWN OF DISASTER FOOD STAMP BENEFIT ISSUANCE FOR EACH PROJECT AREA AFFECTED

	NEW APPLICANT HOUSEHOLDS APPROVED				**ONGOING RECIPIENT HOUSEHOLDS APPROVED**			**GRAND TOTAL OF BENEFITS ISSUED (1) + (2)**
NAME OF PROJECT AREA	NUMBER OF HOUSEHOLDS ISSUED BENEFITS	NUMBER OF PERSONS ISSUED BENEFITS	TOTAL VALUE OF BENEFITS ISSUED **(1)**	NUMBER OF HOUSEHOLDS DENIED	NUMBER OF HOUSEHOLDS ISSUED SUPPLEMENTS	NUMBER OF PERSONS ISSUED SUPPLEMENTS	TOTAL VALUE OF SUPPLEMENTS ISSUED **(2)**	
TOTALS								$

12. REMARKS *(if more space is needed, attach sheet)*

13. SIGNATURE	14. TITLE	15. DATE

FORM FNS-292-B (4-08) Previous Editions are Obsolete

This report is required by Regulations (7 CFR, Part 274). The result of the emergency relief operations need to be comprehensive, accurate, and timely.

SBU

Electronic Version Designed in Adobe 8.1 version