

U.S. DEPARTMENT OF AGRICULTURE  
Food and Nutrition Service

**STATE ISSUANCE AND PARTICIPATION ESTIMATES**

DUE DATE: By the 19th of each month, phone data to the appropriate FNS Regional Office and mail the original to the FNS Regional Office.

According to the Paperwork Reduction Act 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 0584-0081. The time required to complete this information collection is estimated to average 7.1 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information.

	CURRENT MONTH	PREVIOUS MONTH	SECOND PRECEDING MONTH
1. STATE AND CODE _____	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
2. ISSUANCE (DOLLARS) _____	ORIGINAL ESTIMATE	REVISED ESTIMATE	REVISED ESTIMATE
3. NUMBER OF PARTICIPATING PEOPLE _____	ORIGINAL ESTIMATE	REVISED ESTIMATE	ACTUAL/FINAL
(a) NON ASSISTANCE (SEE SPECIAL INSTRUCTIONS FOR MARCH AND SEPTEMBER REPORTING OF THIS ITEM)			
(b) PUBLIC ASSISTANCE (SEE SPECIAL INSTRUCTIONS FOR MARCH AND SEPTEMBER REPORTING OF THIS ITEM)			
4. NUMBER OF PARTICIPATING HOUSEHOLDS _____	ORIGINAL ESTIMATE	REVISED ESTIMATE	ACTUAL/FINAL
(a) NON ASSISTANCE (SEE SPECIAL INSTRUCTIONS FOR MARCH AND SEPTEMBER REPORTING OF THIS ITEM)			
(b) PUBLIC ASSISTANCE (SEE SPECIAL INSTRUCTIONS FOR MARCH AND SEPTEMBER REPORTING OF THIS ITEM)			

5. REMARKS

DATE	NAME OF AUTHORIZED OFFICIAL	TITLE OF AUTHORIZED OFFICIAL

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## INSTRUCTIONS

**GENERAL:** Form FNS-388 is a State agency report of issuance and participation in the Food Stamp Program. Each State agency shall submit the Form FNS-388 data to the FNS regional office no later than the 19th day of each month. When the 19th falls on a weekend or holiday, the data shall be submitted the first workday after the 19th. The data reported on the Form FNS-388 shall provide Statewide estimates for issuance and participation for the current and previous month; the second preceding month shall reflect actual or final participation data and revised estimates for issuance.

A separate Form FNS-388 must be submitted for each alternative issuance (noncoupon) demonstration project such as Supplemental Security Income (SSI) cash-out, Welfare Reform Cash-out (WRC), Pure Cash-out (PCO), Electronic Benefit Transfer (EBT), etc., and, for any other type of demonstration project under the Food Stamp Program, when specified by FNS. Do not include such separate data in the Statewide Form FNS-388 for the regular (coupon) program.

For estimated data only, dollar issuance values and participation numbers may be provided to the nearest hundred.

**ENTERING DATA:** Each block of the Form FNS-388 should be completed in accordance with the following instructions:

1. Enter the State name; State 7-digit code; and, if applicable, the demonstration project name (e.g., EBT, WRC, SSI, PCO) for which the report is completed. Show the appropriate month and year in each column.
2. Enter the original best estimate of the net issuance value for the State or demonstration project for the current month. The original estimate is calculated from the master issuance file before households are issued their allotments and then should be adjusted based on historical experience for factors such as replacements, returns, etc.

Enter the revised estimate of the net issuance value for the State or demonstration project for the preceding month. This figure may be a revised estimate or actual issuance. This figure is based on the latest available issuance records for the previous month including replacements. Benefits issued and returned in the same month are not included in the issuance figure. If records are not complete, use the latest data available and adjust the figure based on historical experience.

Enter the revised estimate of the net issuance value for the State or demonstration project for the second preceding month. This figure may be a revised estimate or actual issuance. It shall include initial, combined, supplemental, restored and replacement benefits regardless of whether or not any portion of this total was improperly issued. The issuance figure shall not include benefits issued and returned in the same month. For authorization document systems include benefits issued for altered, counterfeit, duplicate, expired, or stolen documents. In an EBT system, estimated or actual issuance is the value of the allotment credited to the household's account.

3. Enter the original estimate of the total number of people that participated for the State or demonstration project for the current month.

Enter the revised estimate of the total number of people that participated for the State or demonstration project for the preceding month.

Enter the actual/final total number of people that participated for the second preceding month based on documented issuance.

4. Enter the original estimate of the total number of households that participated for the State or demonstration project for the current month.

Enter the revised estimate of the total number of households that participated for the State or demonstration project for the preceding month.

Enter the actual/final total number of households that participated for the State or demonstration project for the second preceding month based on documented issuance. Each household should be included in the count only once, regardless of the number of allotments received.

5. The FNS accuracy standards for the issuance and participation information are that the current month (original) estimate be with (+ ) or (-) 4 percent (+ ) or (-) 2 percent of the actual levels. Provide an explanation of any unusual circumstances that have caused issuance and participation data to not meet these accuracy standards, such as disasters, industry shut-downs, etc. The FNS-388 issuance data will be compared to net issuance reported on line 8 of the FNS-46, Issuance Reconciliation Report.

The FNS-388 report should be signed and dated by the designated State agency official, preferably that individual responsible for its completion. Also, provide the title of the person who signed the form.

### SPECIAL INSTRUCTIONS - Items 3(a), 4(a), and 4(b)

Provide non-assistance (NA) and public assistance (PA) data only for the report months of January and July. The NA and PA totals for the actual second preceding month (January and July) shall be reported on the March and September FNS-388 reports. In addition, as an attachment to these two reports, provide a Project Area Data should be submitted with the FNS-388 State wide report, provided that the Statewide report will not be delayed. Otherwise, the January and July Project Area data shall be submitted to FNS by April 19 and October 19, respectively or within 30 days from the due date of the FNS-388 Statewide report.

**NOTE:** PA households are those food stamp households in which all members are receiving income or benefits from TANF, SSI, or means-tested GA program. All other food stamp households are considered NA.