

U.S. Department of Agriculture - Food and Nutrition Services

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 needed, and completing and reviewing the collection of information.

REPORT OF DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE BENEFIT ISSUANCE

Submit completed report to: Regional Administrator, Food and Nutrition Service, USDA, no later than 45 days after completion of emergency relief operations. **DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE BENEFIT ISSUANCE. Complete items 1 through 15.** If the authentication to issue supplemental nutrition assistance 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
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5. BRIEF DESCRIPTION OF AREA AFFECTED (counties, cities, towns, zip codes., located within area of disaster.)

6. PRESIDENTIAL DECLARATION ___ YES ___ NO	7. TYPE OF DISASTER ___ FLOOD ___ HURRICANE ___ TORNADO ___ WINTER STORM ___ WILDFIRE ___ OTHER (Specify)
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8. APPLICATION PERIOD FROM _____ THROUGH _____ (MM, DD, YYYY) (MM, DD, YYYY)	10. ALLOTMENT ISSUED TO EACH HOUSEHOLD NEW HOUSEHOLDS: ___ 1 MONTH MAXIMUM ALLOTMENT ___ OTHER (Specify) _____ ONGOING HOUSEHOLDS: ___ SUPPLEMENTAL UP TO THE MAX. ALLOTMENT ___ OTHER (Specify) _____ AUTOMATIC SUPPLEMENTS? ___ YES ___ NO
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9. BENEFIT PERIOD OF ISSUANCE FROM _____ THROUGH _____ (MM, DD, YYYY) (MM, DD, YYYY)	11. GIVE TOTAL BREAKDOWN OF DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE BENEFIT ISSUANCE FOR EACH PROJECT AREA AFFECTED
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NAME OF PROJECT AREA	NEW APPLICANT HOUSEHOLDS APPROVED				ONGOING RECIPIENT HOUSEHOLDS APPROVED			GRAND TOTAL OF BENEFITS ISSUED (1) + (2)
	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
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