OMB APPROVED NO. 0584-0037 Expiration Date: 07/31/2014

U.S. Department of Agriculture - Food and Nutrition

## REPORT OF DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE 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 needed, and completing and reviewing the collection of information.

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. DISAS	TER DATE	
5. BRIEF DESCRIPTION OF AREA AFFECTED (counties, cities, towns, zip codes., located within area of disaster.)										
6. PRESIDENTIAL DECLARATION 7. TYPE OF DISASTER										
YES NO										
8. APPLICATION PERIOD FROM THROUGH		FLOOD HURRICANE TORNADO WILDFIRE OTHER (Specify)								
										(MM DD )0000
(MM, DD, YYYY) (MM, DD, YYYY)  9. BENEFIT PERIOD OF ISSUANCE		10. ALLOTMENT ISSUED TO EACH HOUSEHOLD								
		NEW HOUSEHOLDS: 1 MONTH MAXIMUM ALLOTMENT OTHER (Specify)								
FROM THROUGH		ONGOING HOUSEHOLDS: SUPPLEMENTAL UP TO THE MAX. ALLOTMENT OTHER (Specify)								
(MM. DD. YYYY)	(MM. DD. YYYY)	AUTOMATIC SUPPLEMENTS? YES NO								
									TED	
11. GIVE TOTAL BREAKDOWN OF DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE BENEFIT ISSUANCE FOR EACH PROJECT AREA AFFECTED  I I										
		NEW APPLICANT HOUSEHOLDS APPROVED				ONGOING RECIPIENT HOUSEHOLDS APPROVED			GRAND TOTAL OF BENEFITS	
									ISSUED (1) + (2)	
		NUMBER OF	NUMBER OF	TOTAL	NUMBER OF	NUMBER OF	NUMBER OF	TOTAL		
NAME OF PROJECT AREA		HOUSEHOLDS ISSUED	ISSUED	VALUE OF BENEFITS	DENIED	HOUSEHOLDS ISSUED	PERSONS ISSUED	VALUE OF SUPPLEMENTS		
		BENEFITS	BENEFITS	ISSUED (1)		SUPPLEMENTS	SUPPLEMENTS	ISSUED (2)		
то	TALS								\$	
12. REMARKS (if more space is needed, attach sheet)										
13. SIGNATURE 14. TITLE								15. DAT	E	