



[Home](#) | [Online Forms](#) | [FNS-648](#) | [Admin.](#) | [Help](#) | [Contact Us](#) | [Sign Out](#)

[Post](#) | [Reject](#) | [Certify](#) | [New Submission](#) | [Expert Search](#) | [Due Date](#) | [Overdue Submission](#)

## Submission Studio

<b>Form Name:</b>	FNS-209 (12-08)		
<b>Form Description:</b>	Status of Claims Against Households		
<b>Program:</b>	SNAP Operational Project		
<b>State:</b>	MN		
<b>Agency Code:</b>	2792501	<b>Agency Name:</b>	MN DEPT OF HUMAN SERVICES
<b>Program Time:</b>	September 2010	<b>Revision:</b>	0
<b>Submission Type:</b>	Quarterly		
<b>Submission Status:</b>	New Submission		

Analyze

Save

Edit Check

Post

Quit

### Status of Claims Against Households

#### Remarks

#### Status of Claims Against Households

Claims Summary	A. Intentional Program Violation		B. Inadvertent Household Error		C. State Agency Administrative Error	
	Number	Amount	Number	Amount	Number	Amount
3a. Beginning balance	11,602	3,757,740.82	67,482	13,174,526.75	28,691	2,315,238.01
b. Balance adjustments (+) or (-)						
4. Newly established						

5. Transfer (+) or (-)						
6. Refunds (20a + 20b)						
7. Total (1a+1b+4+5+6)						
8. Closed						
9. Terminated						
10. Compromised						
11a. Collection (18a)						
b. Collection adj. (18b+18c)						
12. Total						
13. Ending balance (7 less 12)						

Collection Summary					
14. Cash, check, M.O.					
15. SNAP Benefits					
16. Recoupment					
17. Offset					
18a. Total (14+15+16+17)					
b. Cash adj. (+) or (-)					
c. Non - cash adj. (+) or (-)					
19. Transfers (+) or (-)					
20a. Cash refunds					
b. Non cash refunds					
21. Total (18a+18b+18c+19-20a-20b)					
22. Retention amount					
23. Net cash collection (14+18b-20a)					
24. Total SA retention (22A+22B)					
25. LOC ADJ. (+) or (-) (23 -24)					
26. Reimbursements due FNS					
27. Billing adjustments					
28. Total letter of credit adjustments (25+26-27)					

**Status of Claims Against Households****Remarks**

Remarks

Remarks

29. Remarks

