

Submission Studio

Form Name: FNS-292B (4-11)
Form Description: Disaster Relief
Program: Disaster Supplemental Nutrition Assistance Program Benefit Issuance
State: CA
Agency Code: 0692501 **Agency Name:** CA Dept. of Social Services
Program Times: July 2014
Submission Type: Final **Revision:** 0
Submission Status: New Submission

4. DISASTER DATE		DISASTER NAME					
<input type="text"/>		<input type="text"/>					
5. BRIEF DESCRIPTION OF AREA AFFECTED (counties, cities, towns, zip codes, etc, located within area of disaster.)							
<div style="border: 1px solid gray; height: 50px;"></div>							
6. PRESIDENTIAL DECLARATION							
<input type="text"/>							
7. TYPE OF DISASTER		PRIMARY TYPE OF DISASTER					
<input type="text"/>		<input type="text"/>					
		SECONDARY TYPE OF DISASTER					
<input type="checkbox"/> Flood	<input type="checkbox"/> Hurricane	<input type="checkbox"/> Other (Specify) <input type="text"/>					
<input type="checkbox"/> Tornado	<input type="checkbox"/> Winter Storm	<input type="text"/>					
<input type="checkbox"/> Wild Fire		<input type="text"/>					
8. APPLICATION PERIOD (MM/DD/YYYY)							
From: <input type="text"/>		Through: <input type="text"/>					
9. BENEFIT PERIOD OF ISSUANCE (MM/DD/YYYY)							
From: <input type="text"/>		Through: <input type="text"/>					
10. ALLOTMENT ISSUED TO EACH HOUSEHOLD							
NEW HOUSEHOLDS	<input type="text"/>	<input type="text"/>	<input type="text"/>				
OTHER (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>				
ONGOING HOUSEHOLDS	<input type="text"/>	<input type="text"/>	<input type="text"/>				
OTHER (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>				
AUTOMATIC SUPPLEMENTS?	<input type="text"/>	<input type="text"/>	<input type="text"/>				
11. GIVE TOTAL BREAKDOWN OF DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE 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 Issued Supplements	Number of Persons Issued Supplements	Total Value of Supplements Issued (2)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Delete"/>							
<input type="button" value="Insert Line [Alt-1]"/>							
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. REMARKS							
<div style="border: 1px solid gray; height: 20px;"></div>							