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Submission Studio

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

Analyze

Save

Edit Check

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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

