Submission Studio

Form Name:	FNS-292B (4-08)
Form Description:	Disaster Relief
Program:	Disaster Supplemental Nutrition Assistance Program Benefit Issuance
State:	WV
Agency Code:	5494101
Program Time:	November 2010
Submission Type:	Final
Submission Status:	New Submission

Agency Name:	WV DEPT OF HEALTH & HUMAN RES.
Revision:	0

| Save | Edit Check | Post | Quit |

Disaster Relief | Disaster Relief 2 | Disaster Relief 3 | Disaster Relief 4

4. DISASTER DATE	DISASTER NAME			

5. BRIEF DESCRIPTION OF AREA AFFECTED (counties, cities, towns, etc, located within area of disaster.)

6. PRESIDENTIAL DECLARATION

[▼]

7. TYPE OF DISASTER

PRIMARY TYPE OF DISASTER

[▼] [ ]

SECONDARY TYPE OF DISASTER

☐ Flood   ☐ Hurricane   ☐ Other (Specify)   [ ] [ ]

☐ Tornado   ☐ Winter Storm   [ ] [ ]

☐ Wild Fire   [ ] [ ]

8. APPLICATION PERIOD (MM/DD/YYYY)

From: [ ] 📅   Through: [ ] 📅

9. BENEFIT PERIOD OF ISSUANCE (MM/DD/YYYY)

From: [ ] 📅   Through: [ ] 📅

10. ALLOTMENT ISSUED TO EACH HOUSEHOLD

NEW HOUSEHOLDS	[dropdown]				
OTHER (Specify)					
ONGOING HOUSEHOLDS	[dropdown]				
OTHER (Specify)					
AUTOMATIC SUPPLEMENTS	[dropdown]				

11. GIVE TOTAL BREAKDOWN OF DISASTER FOOD STAMP BENEFIT ISSUANCE FOR EACH PROJECT AREA AFFECTED

	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)	
[Delete]									
Insert Line [Alt-1]									
Totals									

12. REMARKS

Disaster Relief	Disaster Relief 2	Disaster Relief 3	Disaster Relief 4

Enter data for this tab?				
No				

| Disaster Relief | Disaster Relief 2 | **Disaster Relief 3** | Disaster Relief 4 |

Enter data for this tab?					
No					

Disaster Relief	Disaster Relief 2	Disaster Relief 3	**Disaster Relief 4**

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