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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	Agency Name:	WV DEPT OF HEALTH & HUMAN RES.
Program Time:	November 2010	Revision:	0
Submission Type:	Final		
Submission Status:	New Submission		

[Disaster Relief](#) | [Disaster Relief 2](#) | [Disaster Relief 3](#) | [Disaster Relief 4](#)

4. DISASTER DATE	DISASTER NAME			
<input type="text"/>	<input type="text"/>			

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	<input type="text"/>				
OTHER (Specify)	<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="text"/>	<input type="text"/>
ONGOING HOUSEHOLDS	<input type="text"/>				
OTHER (Specify)	<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="text"/>	<input type="text"/>
AUTOMATIC SUPPLEMENTS	<input type="text"/>				

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	
[Delete]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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

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



