

**Submission Studio**

**Form Name:** FHS-389 (11-15)  
**Form Description:** State Issuance and Participation Estimates  
**Program:** SNAP Electronic Benefits Transfer Operational Project  
**State:** AR  
**Agency Code:** 0392501 **Agency Name:** AR DEPT OF HUMAN SERVICES  
**Program Time:** March 2017  
**Submission Type:** Monthly **Revision:** 0  
**Submission Status:** New Submission

**State Issuance and Participation Estimates** Remarks

State Issuance and Participation Estimates	March 2017	February 2017	January 2017
<b>2. Issuance (Dollars)</b>			
a. Regular Ongoing	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. D-SNAP (New Households)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Disaster Supplements (Ongoing SNAP Households)	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Replacements	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Total Issuance (2a + 2b + 2c + 2d + 2e)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3. Number of Participating People</b>			
a. Regular Ongoing	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. D-SNAP (New Participants)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Disaster Supplements (Ongoing SNAP Participants)	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Replacements	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Total People (3a + 3b + 3c)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>(g) Non-assistance (see special instructions for March and September reporting of this item)</small>			
<small>(h) Public assistance (see special instructions for March and September reporting of this item)</small>			
<b>4. Number of Participating Households</b>			
a. Regular Ongoing	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. D-SNAP (New Households)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Disaster Supplements (Ongoing SNAP Households)	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Replacements	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Total Households (4a + 4b + 4c)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>(g) Non-assistance (see special instructions for March and September reporting of this item)</small>			
<small>(h) Public assistance (see special instructions for March and September reporting of this item)</small>			