



Disaster Relief	Disaster Relief 2	Disaster Relief 3	Disaster Relief 4					
Enter data for this tab?								
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes								
4. DISASTER DATE		DISASTER NAME						
5. BRIEF DESCRIPTION OF AREAS AFFECTED (counties, cities, towns, zip codes, etc. located within area of disaster.)								
6a. PRESIDENTIAL DECLARATION								
7. TYPE OF DISASTER								
PRIMARY TYPE OF DISASTER								
SECONDARY TYPE OF DISASTER								
<input type="checkbox"/> Flood	<input type="checkbox"/> Hurricane	<input type="checkbox"/> Other (Specify)						
<input type="checkbox"/> Tornado	<input type="checkbox"/> Winter Storm							
<input type="checkbox"/> 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								
OTHER (Specify)								
On-Going Households								
OTHER (Specify)								
Automatic Supplement?								
11. GIVE TOTAL BREAKDOWN OF DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE 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 Issued	Number of Households Issued Supplement	Number of Persons Issued Supplement	Total Value of Supplement Issued (2)	
<input type="button" value="Delete"/> <input type="button" value="Insert Line (Alt-3)"/>								
Totals								
12. REMARKS								

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	Number of Households Issued Benefits	Number of Persons Issued Benefits	Total Value of Benefits Issued (1)	Number of Households Issued	Number of Households Issued Supplement	Number of Persons Issued Supplement	Total Value of Supplement Issued (2)	
<input type="button" value="Delete"/> <input type="button" value="Insert Line (Alt-4)"/>								
Totals								
12. REMARKS								