Appendix B: FNS-292B Screenshot

Submission Studio

Form Name:	FNS-292B (4-11)
Form Description:	Disaster Relief
Program:	Disaster Supplemental Nutrition Assistance Program Benefit Issuance
State:	CA
Agency Code:	0692501
Program Time:	July 2014
Submission Type:	Final
Submission Status:	New Submission

Agency Name: CA Dept. of Social Services

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, zip codes, 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

OTHER (Specify)

ONGOING HOUSEHOLDS

OTHER (Specify)

AUTOMATIC SUPPLEMENTS?

11. GIVE TOTAL BREAKDOWN OF DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE BENEFIT ISSUANCE FOR EACH PROJECT AREA AFFECTED

	New Applicant Households Approved				Ongoing Recipient Households Approved			Grand Total of Benefits Issued (1) + (2)
Name of Project Area	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]								

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| Totals | | | | | | | | |

12. REMARKS