

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
Agency Name: CA Dept. of Social Services
Program Time: July 2014
Submission Type: Final
Submission Status: New Submission
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 Issued

Number of Households Issued Supplements

Number of Persons Issued Supplements

Total Value of Supplements Issued (2)

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Totals

12. REMARKS