



Submission Studio

**Form Name:** FNS-292B (4-11)  
**Form Description:** Disaster Relief  
**Program:** Disaster Supplemental Nutrition Assistance Program Benefit Issuance  
**State:** AL  
**Agency Code:** 0192901 **Agency Name:** AL DEPT. OF HUMAN RESOURCES  
**Program Time:** October 2018  
**Submission Type:** Final **Revision:** 0  
**Submission Status:** New Submission

*Privacy Act Statement: This collection of information is sponsored by the U.S. Department of Agriculture, Food and Nutrition Service under the authority of Section 412 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, The Stafford Act, 42 USC 5179 and Section 5(h) of the Food and Nutrition Act of 2008, 7 USC 2014(h). Responding to this information collection is mandatory in order to operate D-SNAP because State agencies cannot operate D-SNAP unless they complete reporting requirements to FNS post-D-SNAP. The information will be used to assess the number of households issued D-SNAP benefits, the total number of persons assisted, the number of certified persons, and the value of benefits issued. The purpose of this information collection is to determine the State agency's ability to effectively implement D-SNAP, ensure program integrity, and comply with other applicable Federal laws. No assurances of confidentiality are provided. No respondent is required to respond to this information collection request without a valid OMB control number or expiration date.*

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Disaster Relief Disaster Relief 2 Disaster Relief 3 Disaster Relief 4

4. DISASTER DATE

DISASTER NAME

Input fields for disaster date and name.

5. BRIEF DESCRIPTION OF AREA AFFECTED (counties, cities, towns, zip codes, etc, located within area of disaster.)

Large text area for describing the affected area.