

Submission Studio

Form Name: FNS-583 (10-17)
Form Description: SNAP Employment and Training Program Activity Report
Program: SNAP Operational Project
State: AR
Agency Code: 0392501 **Agency Name:** AR DEPT OF HUMAN SERVICES
Program Time: December 2018
Submission Type: Quarterly **Revision:** 1
Submission Status: New Submission

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E&T Program Activity Report [Remarks](#)

E&T Program Activity Report		Complete on First-Quarter Report			
1. Number of work registrants receiving SNAP on October 1 of the new fiscal year					
Complete Every Quarter					
	Month 1	Month 2	Month 3	Quarterly Total	Fiscal Year To Date
2. Number of new work registrants					
3. Number of ABAWD applicants and recipients participating in qualifying components					
4. Number of all other applicants and recipients (including ABAWDs involved in qualifying activities) participating in components					
5. Number of ABAWD case months used under the State agency's 15% exemption allowance					
Complete On Fourth-Quarter Report For Entire Fiscal Year					
6. Number of individuals who participated in each component (list components below)					
Components		Number Who Participated in Each Component			
	ABAWD	Non-ABAWD	Total		
Total Component Participation					
Employment And Training Program Participation		Number Who Participated E&T Program			
7. Number of individuals who participated in the E&T program during the fiscal year					

Components				Insert Line (Alt-I)
Components	ABAWD	Non-ABAWD	Total	