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# Form FNS-292B Instructions (04-08)

Click this link to open the PDF file containing the FNS-292B (4-08) form and instructions in a new window:  
[FNS-292B.pdf](#)

## Instructions on Completing Form FNS-292-B Report of Disaster Food Stamp Benefit Issuance

The FNS-292-B report should be completed in FPRS no later than 45 days after the completion of disaster relief operations. If an extension is needed, contact your FPRS liaison at the Region Office.  
All fields are mandatory unless otherwise noted.

New Submission		
Section	Heading	Select or Click-On:
	Online Forms	New Submission
	Program	SNAP-D
	Form	FNS-292-B
1	State	Scroll if necessary to select the State or Territory.
2 and 3	Agency Code	FPRS will automatically enter agency name and code automatically based on State selection.
	For Operating Period/Grant Year	Select the appropriate fiscal year and month of program operations.
		Next
		At New Submission, select "New"

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Section	Heading	Select or Click-On:
4	Disaster Date	Click on calendar to select the date of the disaster.
	Disaster Name	Type in name of disaster, if one exists. Note that the name of the disaster will be reflected in the first "Disaster Relief" tab. If there is no disaster name, leave blank, and FPRS will use the type of disaster selected in the primary field in Section 7 as the tab name.
5	Brief Description of Area Affected	Freeform text.
6	Presidential Declaration	"Yes" if there is a Presidential declaration. Otherwise, "No".
7	Type of Disaster	Scroll down to select the Primary Type of Disaster. If there is a related subset of the primary disaster, list that under the Secondary Type of Disaster heading. For example, if the primary disaster was a hurricane, but there was also related flooding, check "Hurricane" under the primary heading and then select "Flood" under the secondary heading.
8	Application Period	Click on calendars to select the application period.
9	Benefit Period of Issuance	Click on calendars to select the benefit period of issuance.
10	Allotment Issued to Each Household	New Households: In most cases, "1 month maximum allotment" should be selected. If "Other" is selected, please explain in "Other

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10	Allotment Issued to Each Household	<p><u>New Households</u>: In most cases, "1 month maximum allotment" should be selected. If "Other" is selected, please explain in "Other (Specify)" field.</p> <p><u>Ongoing Households</u>: Optional; In most cases, "Supplement up to the Maximum Allotment" should be selected. If "Other" is selected, please explain in "Other (Specify)" field.</p> <p><u>Automatic Supplements</u>: Optional; Select "Yes" or "No".</p>
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**Submission Studio**

Section	Heading	Select or Click-On:
11	Give Total Breakdown of Disaster Food Stamp Benefit Issuance for Each Project Area Affected	<p><u>Name of Project Area</u>: List affected County, Parish, city, town, or zip code as listed in waiver approval.</p> <p><u>New Applicant Households Approved</u>: As specified in each column, list total number of new households and persons issued benefits, the total value of benefits issued, and the number of households denied.</p> <p><u>Ongoing Recipient Households Approved</u>: Optional; As specified in each column, list the total number of recipient households and persons issued supplements and the total value of supplements issued.</p> <p><b>FPRS will total the figures for you by column heading and by each row.</b></p> <p>Click on "Insert Line or Alt-1" to get additional</p>

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		Optional: As specified in each column, list the total number of recipient households and persons issued supplements and the total value of supplements issued.
		FPRS will total the figures for you by column heading and by each row.
		Click on "Insert Line or Alt-1" to get additional areas. If too many areas are selected in error, click on "Delete" to delete the additional row(s).
12	Remarks	Freeform text. List any comments pertaining to the disaster report if necessary. Otherwise, leave blank.

If there is a second disaster that occurred in the same month for the State agency, click on "Disaster Relief 2" tab and

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