



Home Online Forms Search FNS-648 Admin Help Contact Us Sign Out

Post | Reject | Certify | Submit/Revise | Search | Due Date | Overdue Submission |

Submission Studio

Form Name: FNS-388 (11-13)
Form Description: State Issuance and Participation Estimates
Program: SNAP Electronic Benefits Transfer Operational Project
State: AL
Agency Code: 0192901 **Agency Name:** AL DEPT. OF HUMAN RESOURCES
Program Time: April 2019
Submission Type: Monthly **Revision:** 0
Status: New Submission

Analyze Save Edit Check Post Quit

State Issuance and Participation Estimates Remarks

State Issuance and Participation Estimates	April 2019	March 2019	February 2019
2. Issuance (Dollars)			
a. Regular Ongoing	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. D-SNAP (New Households)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Disaster Supplements (Ongoing SNAP Households)	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Replacements	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Total Issuance (2a + 2b + 2c + 2d + 2e)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Number of Participating People			
a. Regular Ongoing	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. D-SNAP (New Participants)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Disaster Supplements (Ongoing SNAP Participants)	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Replacements	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Total People (3a + 3b + 3c)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Non-assistance (see special instructions for March and September reporting of this item)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(h) Public assistance (see special instructions for March and September reporting of this item)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Number of Participating Households			
a. Regular Ongoing	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. D-SNAP (New Households)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Disaster Supplements (Ongoing SNAP Households)	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Replacements	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Total Households (4a + 4b + 4c)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Non-assistance (see special instructions for March and September reporting of this item)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(h) Public assistance (see special instructions for March and September reporting of this item)	<input type="text"/>	<input type="text"/>	<input type="text"/>