



Submission Studio

Form Name:	FNS-292B (4-11)		
Form Description:	Disaster Relief		
Program:	Disaster Supplemental Nutrition Assistance Program Benefit Issuance		
State:	AZ		
Agency Code:	0493701	Agency Name:	AZ ECONOMIC SECURITY
Program Time:	October 2018		
Submission Type:	Final	Revision:	0
Submission Status:	New Submission		

Save Edit Check Post Quit

Disaster Relief | Disaster Relief 2 | Disaster Relief 3 | Disaster Relief 4

4. DISASTER DATE	DISASTER NAME
<input type="text"/>	<input type="text"/>

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

6. PRESIDENTIAL DECLARATION
<input type="text"/>

7. TYPE OF DISASTER
<p>PRIMARY TYPE OF DISASTER</p> <input type="text"/>
<p>SECONDARY TYPE OF DISASTER</p> <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane <input type="checkbox"/> Other (Specify) <input type="text"/>
<input type="checkbox"/> Tornado <input type="checkbox"/> Winter Storm
<input type="checkbox"/> Wild Fire

8. APPLICATION PERIOD (MM/DD/YYYY)
From: <input type="text"/> Through: <input type="text"/>

9. BENEFIT PERIOD OF ISSUANCE (MM/DD/YYYY)
From: <input type="text"/> Through: <input type="text"/>

10. ALLOTMENT ISSUED TO EACH HOUSEHOLD				
NEW HOUSEHOLDS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ONGOING HOUSEHOLDS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AUTOMATIC SUPPLEMENTS?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. GIVE TOTAL BREAKDOWN OF DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE BENEFIT ISSUANCE FOR EACH PROJECT AREA AFFECTED									
Name of Project Area	New Applicant Households Approved				Ongoing Recipient Households Approved				Grand Total of Benefits Issued (1) + (2)
	Number of Households Issued Benefits	Number of Persons Issued Benefits	Total Value of Benefits Issued (1)	Number of Households Denied	Number of Households Issued Supplements	Number of Persons Issued Supplements	Total Value of Supplements Issued (2)		
[Delete]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insert Line [Alt-1]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. REMARKS