



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
Submission Status: New Submission

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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"/>
(h) Public assistance (see special instructions for March and September reporting of this item)			<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"/>
(h) Public assistance (see special instructions for March and September reporting of this item)			<input type="text"/>