



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
Status: New Submission

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| 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.) | | | | | | | | | |
| <div style="border: 1px solid gray; height: 100px;"></div> | | | | | | | | | |
| 6. PRESIDENTIAL DECLARATION | | | | | | | | | |
| <input type="text"/> | | | | | | | | | |
| 7. TYPE OF DISASTER | | | | | | | | | |
| | | PRIMARY TYPE OF DISASTER | | | | | | | |
| <input type="text"/> | | <input type="text"/> | | | | | | | |
| | | SECONDARY TYPE OF DISASTER | | | | | | | |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Hurricane | <input type="checkbox"/> Other (Specify) | | <input type="text"/> | <input type="text"/> | | | | |
| <input type="checkbox"/> Tornado | <input type="checkbox"/> Winter Storm | | | <input type="text"/> | <input type="text"/> | | | | |
| <input type="checkbox"/> Wild Fire | | | | <input type="text"/> | <input type="text"/> | | | | |
| 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"/> | | | | | | | | |
| OTHER (Specify) | <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"/> |
| ONGOING HOUSEHOLDS | <input type="text"/> | | | | | | | | |
| OTHER (Specify) | <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"/> |
| AUTOMATIC SUPPLEMENTS? | <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="button" value="Insert Line [Alt-1]"/> | | | | | | | | | |
| 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"/> | |
| 12. REMARKS | | | | | | | | | |
| <div style="border: 1px solid gray; height: 100px;"></div> | | | | | | | | | |