



Subsidies: 0/0
Form Name: 745-300 (PR) (10-13)
Form Description: State Insurance and Participation Estimates
Program: SNAP Nutrition
State: PA
Agency Code: 430332
Agency Name: Puerto Rico Admin Servs Div of Family
Program Year: October 2018
Submission Type: Monthly
Submission Status: Start of Program
Revisions: 0

State Insurance and Participation Estimates		October 2018	September 2018	August 2018
2. Insurance (Dollar)				
Regular Operating Food Benefits (20%)		19	19	19
Regular Operating Cash Benefits (20%)		19	19	19
Disaster		19	19	19
Disaster Supplement		19	19	19
Adjustment		19	19	19
Total Insurance		95	95	95
3. Number of Participating People				
Regular Operations		39	39	39
Disaster				
Disaster Supplement				
Adjustment				
Total People		39	39	39
<small>(1) Not available (see special instructions for March and September reporting of this item) (2) Not available (see special instructions for March and September reporting of this item)</small>				
4. Number of Participating Households				
Regular Operations				
Disaster				
Disaster Supplement				
Adjustment				
Total Households				
<small>(1) Not available (see special instructions for March and September reporting of this item) (2) Not available (see special instructions for March and September reporting of this item)</small>				
5. Elderly - 20%				
20% Insurance Total				
Number of People Receiving 20%				