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Submission Studio

Form Name: FNS-388 (AS) (10-17)
Form Description: State Issuance and Participation Estimates
Program: SNAP Territories
State: AS
Agency Code: 0391701 **Agency Name:** AMERICAN SAMOA
Program Time: November 2018
Submission Type: Monthly **Revision:** 0
Submission Status: New Submission

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State Issuance and Participation Estimates Remarks

State Issuance and Participation Estimates	November 2018	October 2018	September 2018
2. ISSUANCE (DOLLARS)	ORIGINAL ESTIMATE	REVISED ESTIMATE	ACTUAL/FINAL
a. Regular Food Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Disaster (New Applications)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Disaster Supplements	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Replacements	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Adjustments	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Total Issuance	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. NUMBER OF PARTICIPATING PEOPLE	ORIGINAL ESTIMATE	REVISED ESTIMATE	ACTUAL/FINAL
a. Regular Ongoing	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Disaster (New Applications)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Disaster Supplements	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Replacements	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Adjustments	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Total People	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. NUMBER OF PARTICIPATING HOUSEHOLDS	ORIGINAL ESTIMATE	REVISED ESTIMATE	ACTUAL/FINAL
a. Regular Ongoing	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Disaster (New Applications)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Disaster Supplements	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Replacements	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Adjustments	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Total Households	<input type="text"/>	<input type="text"/>	<input type="text"/>