

FNS-583

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Food Programs Reporting System

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Submission Studio

Form Name: FNS-583 (10-21)
 Form Description: SNAP Employment and Training Program Activity Report
 Program: SNAP Operational Project
 State: MN
 Agency Code: 2792501 Agency Name: MN DEPT OF HUMAN SERVICES
 Program Time: June 2022
 Submission Type: Quarterly
 Submission Status: Certified

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E&T Program Activity Report

Complete on First Quarter Report

	Calculate Each Quarter				Quarterly Total	Percent Year To Date
	Month 1	Month 2	Month 3	Month 4		
1. Number of each individual receiving SNAP participation in the first year						
2. Number of SNAP participants	843	843	843	843	3372	84.3%
3. Number of all other applicants and recipients (including SNAP's indirect costs) who were not SNAP participants	0	0	0	0	0	0.0%
4. Number of SNAP case records and units for the first quarter in the previous calendar year	843	843	843	843	3372	84.3%
Complete on Fourth Quarter Report for Future Report Year						
5. Number of individuals provided with Case Management Services (Note: optional for State users to report)						
Case Management Services						
Number of individuals who participated in each Component (See component below)						
Case Management Services						
6. Number of individuals who participated in each Component (See component below)						
Professional and Training Program Participation						
7. Number of individuals who participated in the E&T program during the first year						
Complete on Fourth Quarter Report for Quarterly E&T Program Only						
8. Number of individuals required to participate in E&T						
9. Of those required to participate the number who have participated in an E&T program						
10. Of those required to participate the number of individuals who have participated in an E&T program						
11. Number of individuals E&T participants who were educational activities for failure to comply with E&T requirements						

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E&T Program Activity Report

Remarks

Remarks	Remarks
9. Remarks	