

# 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		
1. Number of each individual receiving SNAP participation in the first year					
2. Number of SNAP participants	843	843	843	2,529	84.3%
3. Number of all other applicants and recipients (excluding SNAP's indirect recipients) who have participated in SNAP program	0	0	0	0	0.0%
4. Number of SNAP case records and units for SNAP's indirect recipients (including SNAP's indirect recipients)	0	0	0	0	0.0%
5. Number of individuals provided with Case Management Services (Note: indirect State agency to report)					
Case Management Services	0	0	0	0	0.0%
6. Number of individuals who participated in each Component (See component below)					
Case Management Services	0	0	0	0	0.0%
7. Number of individuals who participated in each Component (See component below)					
Professional and Training Program Participation	0	0	0	0	0.0%
8. Number of individuals who participated in the E&T program during the first year					
9. Number of individuals required to participate in E&T					
10. Of those required to participate the number who have participated in an E&T program					
11. Of those required to participate the number of individuals who have participated in an E&T program					
12. Number of individuals E&T participants who were educational activities for SNAP to comply with E&T requirements					

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Remarks

Remarks	Remarks
9. Remarks	