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Submission Studio

Form Name: FNS-209 (PR) (10-14)
Form Description: Status of Claims Against Households
Program: SNAP Territories
State: AZ
Agency Code: 0491501 **Agency Name:** AZ DEPT OF EDUCATION
Program Time: December 2017
Submission Type: Quarterly **Revision:** 0
Submission Status: New Submission

Analyze Save Edit Check Post Quit

Status of Claims Against Households Remarks

| Status of Claims Against Households | | | | | | |
|-------------------------------------|----------------------------------|--------|--------------------------------|--------|--------------------------------------|--------|
| Claims Summary | A. Intentional Program Violation | | B. Inadvertent Household Error | | C. State Agency Administrative Error | |
| | Number | Amount | Number | Amount | Number | Amount |
| 3a. Beginning balance | | | | | | |
| b. Balance adjustments (+) or (-) | | | | | | |
| 4. Newly established | | | | | | |
| 5. Transfer (+) or (-) | | | | | | |
| 6. Refunds (20a + 20b) | | | | | | |
| 7. Total (3a+3b+4+5+6) | | | | | | |
| 8. Closed | | | | | | |
| 9. Terminated | | | | | | |
| 10. Compromised | | | | | | |
| 11a. Collection (18a) | | | | | | |
| b. Collection adj. (18b+18c) | | | | | | |
| 12. Total | | | | | | |
| 13. Ending balance (7 less 12) | | | | | | |
| Collection Summary | | | | | | |
| 14. Cash, check, M.O. | | | | | | |
| 15. NAP Benefits | | | | | | |
| 16. Recoupment | | | | | | |
| 17. Offset | | | | | | |
| 18a. Total (14+15+16+17) | | | | | | |
| b. Cash adj. (+) or (-) | | | | | | |
| c. Non-Cash adj. (+) or (-) | | | | | | |
| 19. Transfers (+) or (-) | | | | | | |
| 20a. Cash refunds | | | | | | |
| b. Non-Cash refunds | | | | | | |
| 21. Total (18a+18b+18c+19-20a-20b) | | | | | | |