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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)						