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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

**State Issuance and Participation Estimates**    [Remarks](#)

State Issuance and Participation Estimates	November 2018	October 2018	September 2018
<b>2. ISSUANCE (DOLLARS)</b>	<b>ORIGINAL ESTIMATE</b>	<b>REVISED ESTIMATE</b>	<b>ACTUAL/FINAL</b>
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"/>
<b>3. NUMBER OF PARTICIPATING PEOPLE</b>	<b>ORIGINAL ESTIMATE</b>	<b>REVISED ESTIMATE</b>	<b>ACTUAL/FINAL</b>
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"/>
<b>4. NUMBER OF PARTICIPATING HOUSEHOLDS</b>	<b>ORIGINAL ESTIMATE</b>	<b>REVISED ESTIMATE</b>	<b>ACTUAL/FINAL</b>
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"/>