

Submission Studio

Form Name: FMS-388 (11-13)
 Form Description: State Issuance and Participation Estimates
 Program: State Electronic Benefits Transfer Operational Project
 State: AR
 Agency Code: 0392501
 Agency Name: AR DEPT OF HUMAN SERVICES
 Program Time: March 2017
 Submission Type: Monthly
 Submission Status: New Submission
 Revision: 0

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State Issuance and Participation Estimates

Remarks

State Issuance and Participation Estimates	March 2017	February 2017	January 2017
2. Issuance (Dollars)			
a. Regular Ongoing	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. D-SNAP (New Households)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Disaster Supplements (Ongoing SNAP Households)	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Replacements	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Total Issuance (2a + 2b + 2c + 2d + 2e)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Number of Participating People			
a. Regular Ongoing	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. D-SNAP (New Participants)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Disaster Supplements (Ongoing SNAP Participants)	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Replacements	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Total People (3a + 3b + 3c)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Number of Participating Households			
a. Regular Ongoing	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. D-SNAP (New Households)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Disaster Supplements (Ongoing SNAP Households)	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Replacements	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Total Households (4a + 4b + 4c)	<input type="text"/>	<input type="text"/>	<input type="text"/>

(g) Non-assistance (see special instructions for March and September reporting of this item)
 (h) Public assistance (see special instructions for March and September reporting of this item)

Submission Studio

Form Name: FNS-388A (9-10)
Form Description: Project Area Issuance and Participation
Program: SNAP Electronic Benefits Transfer Operational Project
State: AR
Agency Code: 0392501
Agency Name: AR DEPT OF HUMAN SERVICES
Program Time: January 2017
Submission Type: Semi-Annual
Revision: 0
Submission Status: New Submission

Participation		4. Number of Persons		5. Number of Households		6. Total Actual Coupon Issuance	
Participation							
Total of PA & NPA							
Project Area	Project Area Name	Public Assistance	Non-Public Assistance	Public Assistance	Non-Public Assistance	Coupon Issuance	
0500101	ARKANSAS COUNTY						
0500301	ASHLEY COUNTY						
0500501	BAXTER COUNTY						
0500701	BENTON COUNTY						
0500901	BOONE COUNTY						
0501101	BRADLEY COUNTY						
0501301	CALHOUN COUNTY						
0501501	CARROLL COUNTY						
0501701	CHICOT COUNTY						
0501901	CLARK COUNTY						
0502101	CLAY COUNTY						
0502301	CLEBURNE COUNTY						
0502501	CLEVELAND COUNTY						
0502701	COLUMBIA COUNTY						
0502901	CONWAY COUNTY						
0503101	CRAIGHEAD COUNTY						
0503301	CRAWFORD COUNTY						
0503501	CRITTENDEN COUNTY						
0503701	CROSS COUNTY						
0503901	DALLAS COUNTY						
0504101	DESHA COUNTY						
0504301	DREW COUNTY						
0504501	FAULKNER COUNTY						
0504701	FRANKLIN COUNTY						
0504901	FULTON COUNTY						
0505101	GARLAND COUNTY						
0505301	GRANT COUNTY						
0505501	GREENE COUNTY						
0505701	HEMPSTEAD COUNTY						
0505901	HOT SPRING COUNTY						
0506101	HOWARD COUNTY						
0506301	INDEPENDENCE COUNTY						
0506501	IZARD COUNTY						
0506701	JACKSON COUNTY						
0506901	JEFFERSON COUNTY						
0507101	JOHNSON COUNTY						
0507301	LAFAYETTE COUNTY						
0507501	LAWRENCE COUNTY						
0507701	LEE COUNTY						
0507901	LINCOLN COUNTY						
0508101	LITTLE RIVER COUNTY						
0508301	LOGAN COUNTY						
0508501	LONOKE COUNTY						
0508701	MADISON COUNTY						
0508901	MARION COUNTY						
0509101	MILLER COUNTY						
0509301	MISSISSIPPI COUNTY						
0509501	MONROE COUNTY						
0509701	MONTGOMERY COUNTY						
0509901	NEVADA COUNTY						
0510101	NEWTON COUNTY						
0510301	OUACHITA COUNTY						
0510501	PERRY COUNTY						
0510701	PHILLIPS COUNTY						
0510901	PIKE COUNTY						
0511101	POINSETT COUNTY						
0511301	POLK COUNTY						
0511501	POPE COUNTY						
0511701	PRAIRIE COUNTY						
0511901	PULASKI COUNTY						
0512101	RANDOLPH COUNTY						
0512301	SAINTE FRANCIS COUNTY						
0512501	SALINE COUNTY						
0512701	SCOTT COUNTY						
0512901	SEARCY COUNTY						
0513101	SEBASTIAN COUNTY						
0513301	SEVIER COUNTY						
0513501	SHARP COUNTY						
0513701	STONE COUNTY						
0513901	UNION COUNTY						
0514101	VAN BUREN COUNTY						
0514301	WASHINGTON COUNTY						
0514501	WHITE COUNTY						
0514701	WOODRUFF COUNTY						
0514901	YELL COUNTY						
0515992	92-1 Field Operations						
0515996	96-1 Field Operations						