

Submission Studio

Form Name: FHS-389 (11-15)
Form Description: State Issuance and Participation Estimates
Program: SNAP Electronic Benefits Transfer Operational Project
State: AR
Agency Code: 0392501 **Agency Name:** AR DEPT OF HUMAN SERVICES
Program Time: March 2017
Submission Type: Monthly **Revision:** 0
Submission Status: New Submission

State Issuance and Participation Estimates

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"/>
<small>(g) Non-assistance (see special instructions for March and September reporting of this item)</small>			
<small>(h) Public assistance (see special instructions for March and September reporting of this item)</small>			
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"/>
<small>(g) Non-assistance (see special instructions for March and September reporting of this item)</small>			
<small>(h) Public assistance (see special instructions for March and September reporting of this item)</small>			