



Submission Studio

Form Name:	FNS-292B (4-11)		
Form Description:	Disaster Relief		
Program:	Disaster Supplemental Nutrition Assistance Program Benefit Issuance		
State:	AZ		
Agency Code:	0493701	Agency Name:	AZ ECONOMIC SECURITY
Program Time:	October 2018		
Submission Type:	Final	Revision:	0
Submission Status:	New Submission		

Save Edit Check Post Quit

Disaster Relief **Disaster Relief 2** Disaster Relief 3 Disaster Relief 4

4. DISASTER DATE	DISASTER NAME
<input type="text"/>	<input type="text"/>

5. BRIEF DESCRIPTION OF AREA AFFECTED (counties, cities, towns, zip codes, etc, located within area of disaster.)

6. PRESIDENTIAL DECLARATION
<input type="text"/>

7. TYPE OF DISASTER	PRIMARY TYPE OF DISASTER	SECONDARY TYPE OF DISASTER
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Flood <input type="checkbox"/> Tornado <input type="checkbox"/> Wild Fire	<input type="checkbox"/> Hurricane <input type="checkbox"/> Winter Storm	<input type="checkbox"/> Other (Specify) <input type="text"/>

8. APPLICATION PERIOD (MM/DD/YYYY)

From: Through:

9. BENEFIT PERIOD OF ISSUANCE (MM/DD/YYYY)

From: Through:

10. ALLOTMENT ISSUED TO EACH HOUSEHOLD

NEW HOUSEHOLDS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ONGOING HOUSEHOLDS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AUTOMATIC SUPPLEMENTS?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. GIVE TOTAL BREAKDOWN OF DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE BENEFIT ISSUANCE FOR EACH PROJECT AREA AFFECTED

Name of Project Area	New Applicant Households Approved			Ongoing Recipient Households Approved			Grand Total of Benefits Issued (1) + (2)
	Number of Households Issued Benefits	Number of Persons Issued Benefits	Total Value of Benefits Issued (1)	Number of Households Denied	Number of Households Issued Supplements	Number of Persons Issued Supplements	
[Delete]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insert Line [Alt-1]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. REMARKS