

Disaster Supplemental Nutrition Assistance Program Benefit Issuance Program: State: ΑZ 0493701 Agency Name: AZ ECONOMIC SECURITY Agency Code:

October 2018 Program Time: Submission Type: Final Revision: 0

Submission New Submission Status:

Edit Check Quit Save Post

Disaster Relief	Disaster Relief 2	Disaster Relie	ef 3 Disaster Relief	F 4						
4. DI	ISASTER DATE	D	SASTER NAME							
				7		] :				
		5. BRI	EF DESCRIPTION OF	AREA AFFECTED	D (counties, cities, t	towns, zip codes, etc	, located within	area of disaster.)		
										V
6 DDECIDE	NTIAL DECLARATION									
0. PRESIDE	NTIAL DECLARATION	<b>▽</b>								
7 770	NE OF DIGICIES	<u> </u>								
7. TYP	PE OF DISASTER				BRAMA BY TVBE OF	DYCACTED				
		<b>▽</b>			PRIMARY TYPE OF	DISASTER				
					SECONDARY TYPE O	F DISASTER				
□Flood		□Hurrican	e		ner (Specify)					
□Tornado		☐ Winter S	torm							
☐ Wild Fire										
8. APPLICATION PERIOD (MM/DD/YYYY)										
	F	rom:				Through:				
				9. BENEFI	T PERIOD OF ISSUA	ANCE (MM/DD/YYYY	)			
100						555		1 200 20		
	F	rom:				Through:				
	F	rom:			OTMENT ISSUED TO	Through:			-	
NEW HOUSEHOLD		rom:			OTMENT ISSUED TO					
NEW HOUSEHOLD OTHER (Specify)		rom:								
OTHER (Specify)	DS .	rom:								
OTHER (Specify) ONGOING HOUSE	DS .	rom:								
OTHER (Specify)	DS .	rom:			<b>V</b>					
OTHER (Specify) ONGOING HOUSE OTHER (Specify)	EHOLDS	rom:		10. ALLO	<b>V</b>					
OTHER (Specify) ONGOING HOUSE	EHOLDS PLEMENTS?		AVDOWN OF DISAS	10. ALLO	<b>V</b>	EACH HOUSEHOLD	TESUANCE FOR		EEECTED.	
OTHER (Specify) ONGOING HOUSE OTHER (Specify)	EHOLDS PLEMENTS?		NAMED AND DESCRIPTION OF THE PERSON OF THE P	10. ALLO	<b>V</b>	EACH HOUSEHOLD	ISSUANCE FOR	EACH PROJECT AREA A	FFECTED	Grand Total of
OTHER (Specify) ONGOING HOUSE OTHER (Specify)	EHOLDS PLEMENTS?		AKDOWN OF DISAS	10. ALLO	<b>V</b>	EACH HOUSEHOLD			s Approved	Grand Total of Benefits Issued (1) +(2)
OTHER (Specify) ONGOING HOUSE OTHER (Specify)	EHOLDS PLEMENTS?	IVE TOTAL BRE	AKDOWN OF DISAS	10. ALLO	ITAL NUTRITION AS	EACH HOUSEHOLD	Ongo	EACH PROJECT AREA A oing Recipient Households	s Approved  Total Value of Supplements Issu	Benefits Issued (1) +(2)
OTHER (Specify)  ONGOING HOUSE OTHER (Specify)  AUTOMATIC SUPP	PLEMENTS?  11. G	IVE TOTAL BRE	AKDOWN OF DISAS	10. ALLC	Total Value of Benefit	SSISTANCE BENEFIT	Ongo	EACH PROJECT AREA A oing Recipient Households	s Approved	Benefits Issued (1) +(2)
OTHER (Specify)  ONGOING HOUSE OTHER (Specify)  AUTOMATIC SUPP  [Delete]  Insert Line [Alt	PLEMENTS?  11. G	IVE TOTAL BRE	AKDOWN OF DISAS	10. ALLC	Total Value of Benefit	SSISTANCE BENEFIT	Ongo	EACH PROJECT AREA A oing Recipient Households	s Approved  Total Value of Supplements Issu	Benefits Issued (1) +(2)
OTHER (Specify)  ONGOING HOUSE OTHER (Specify)  AUTOMATIC SUPP	PLEMENTS?  11. G	IVE TOTAL BRE	AKDOWN OF DISAS	10. ALLC	TAL NUTRITION AS	S Number of Households Denied	Ongo	EACH PROJECT AREA A oing Recipient Households	s Approved  Total Value of Supplements Issu	Benefits Issued (1) +(2)
OTHER (Specify)  ONGOING HOUSE OTHER (Specify)  AUTOMATIC SUPP  [Delete]  Insert Line [Alt	PLEMENTS?  11. G	IVE TOTAL BRE	AKDOWN OF DISAS	10. ALLC	Total Value of Benefit	S Number of Households Denied	Ongo	EACH PROJECT AREA A oing Recipient Households	s Approved  Total Value of Supplements Issu	Benefits Issued (1) +(2)