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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
Status: New Submission

Save Edit Check Post Quit

Disaster Relief | Disaster Relief 2 | Disaster Relief 3 | Disaster Relief 4

4. DISASTER DATE DISASTER NAME

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

6. PRESIDENTIAL DECLARATION

7. TYPE OF DISASTER
 PRIMARY TYPE OF DISASTER
 SECONDARY TYPE OF DISASTER
 Flood Hurricane Other (Specify)
 Tornado Winter Storm
 Wild Fire

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?

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 | Total Value of Supplements Issued (2) | |
| [Delete] | <input type="text"/> | <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"/> | <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"/> | <input type="text"/> |

12. REMARKS