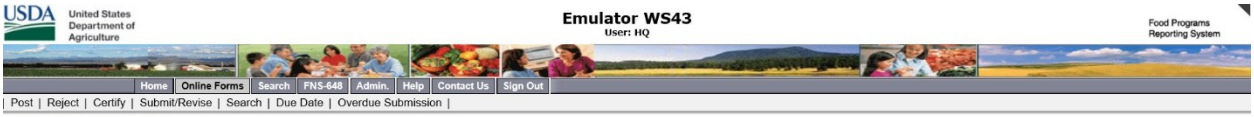
FNS-209



Post | Reject | Certify | Submit/Revise | Search | Due Date | Overdue Submission |

Submission Studio

Form Name:	FNS-209 (12-08)		
Form Description:	Status of Claims Against Households		
Program:	SNAP Operational Project		
State:	AZ		
Agency Code:	0491501	**Agency Name:**	AZ DEPT OF EDUCATION
Program Time:	December 2017		
Submission Type:	Quarterly	**Revision:**	0
Submission Status:	New Submission		

Analyze | Save | Edit Check | Post | Quit

Status of Claims Against Households | Remarks

Status of Claims Against Households						
Claims Summary	**A. Intentional Program Violation**		**B. Inadvertent Household Error**		**C. State Agency Administrative Error**	
	Number	**Amount**	**Number**	**Amount**	**Number**	**Amount**
3a. Beginning balance						
b. Balance adjustments (+) or (-)						
4. Newly established						
5. Transfer (+) or (-)						
6. Refunds (20a + 20b)						
7. Total (3a+3b+4+5+6)						
8. Closed						
9. Terminated						
10. Compromised						
11a. Collection (18a)						
b. Collection adj. (18b+18c)						
12. Total						
13. Ending balance (7 less 12)						
Collection Summary						
14. Cash, check, M.O.						
15. SNAP Benefits						
16. Recoupment						
17. Offset						
18a. Total (14+15+16+17)						
b. Cash adj. (+) or (-)						
c. Non - cash adj. (+) or (-)						
19. Transfers (+) or (-)						
20a. Cash refunds						
b. Non cash refunds						
21. Total (18a+18b+18c+19-20a-20b)						
22. Retention amount						
23. Net cash collection (14+18b-20a)						
24. Total SA retention (22A+22B)						
25. LOC ADJ. (+) or (-) (23 -24)						
26. Reimbursements due FNS						
27. Billing adjustments						
28. Total letter of credit adjustments (25+26 -27)						