



Submission Studio

Form Name: FNS-366B (Quarterly) (10-22)
 Form Description: Program and Budget Summary Statement
 Program: SNAP Operational Budget
 State: MO
 Agency Code: 290201 Agency Name: MO DEPT. SOCIAL SERVICES
 Program Time: December 2022
 Submission Type: Quarterly
 Submission Status: New Submission Revision: 1

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Program Activity Statement | Remarks

Program Activity Statement										
Certifications	(1) Approved	(2) Denied	(3) Total Approved and Denied	Approved Overdue Applications, (1) 30 Day Days	Approved Overdue Applications, (2) 30-60 Days	Approved Overdue Applications, (3) 61-90 Days	Approved Overdue Applications, (4) 91+ Days			
4. Initial Applications	6648	6051	12699	8752	68	12	21			
5. Recertifications	30584	798	37982	3871	687	19	0			
5. Total	97032	5349	102381	14623	755	31	21			
6a. EXPEDITED SERVICE - INITIAL APPLICATIONS	34851			7787	42	5	5			
6b. EXPEDITED SERVICE - RECERTIFICATIONS	0			0	0	0	0			
Fair Hearings										
	(1) Hearings Requested	(2) Hearings Held	(3) Decisions Upheld	(4) Decisions Reversed	(5) Decisions Overdue	(6) Withdrawn Requests				
7. Activity	316	398	66	17	10	271				
8. Cases/Days/Hours	468	375	250	237	355	4	463	7	15169	
Administrative Disqualification Hearings										
	Eligibility Period, (1) AFD Conducted, Individual Requested	Eligibility Period, (2) Hearing Request, Individual Not Disqualified	Eligibility Period, (3) AFD Conducted, Individual Not Disqualified	Eligibility Period, (4) Amount Subject to Claims	Waiver/ing, (5) Hearing Request, Individual Disqualified	Waiver/ing, (6) Amount Subject to Claims	Waiver/ing, (7) Hearing Request, Individual Not Disqualified	Waiver/ing, (8) Amount Subject to Claims	Waiver/ing, (9) Amount Subject to Claims	Waiver/ing, (10) Amount Subject to Claims
9. Individuals/Notices	271	2	0	209138	4	0	0	0	0	0
10. Individuals/Days	10	0	1	349195	0	0	0	0	0	1051



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