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OMB APPROVED NO. 0584-0037
Expiration Date: 08/31/2017

U.S. Department of Agriculture - Food and Nutrition Services

REPORT OF DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE BENEFIT ISSUANCE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0037. The time required to complete this information collection is estimated to average .42 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Submit completed report to: Regional Administrator, Food and Nutrition Service, USDA, no later than 45 days after completion of emergency relief operations.
DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE BENEFIT ISSUANCE. Complete items 1 through 15. If the authentication to issue supplemental nutrition assistance benefits under disaster procedures is extended, a separate report should be submitted for each authorization period.

1. STATE NAME	2. AGENCY NAME	3. AGENCY CODE (7 Digits)	4. DISASTER DATE

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

6. PRESIDENTIAL DECLARATION
___ YES ___ NO

7. TYPE OF DISASTER
___ FLOOD ___ HURRICANE ___ TORNADO
___ WINTER STORM ___ WILDFIRE ___ OTHER (Specify)

8. APPLICATION PERIOD
FROM (MM, DD, YYYY) THROUGH (MM, DD, YYYY)

9. BENEFIT PERIOD OF ISSUANCE
FROM (MM, DD, YYYY) THROUGH (MM, DD, YYYY)

10. ALLOTMENT ISSUED TO EACH HOUSEHOLD
NEW HOUSEHOLDS: ___ 1 MONTH MAXIMUM ALLOTMENT ___ OTHER (Specify) _____
ONGOING HOUSEHOLDS: ___ SUPPLEMENTAL UP TO THE MAX. ALLOTMENT ___ OTHER (Specify) _____
AUTOMATIC SUPPLEMENTS? ___ YES ___ NO

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

	NEW APPLICANT HOUSEHOLDS APPROVED				**ONGOING RECIPIENT HOUSEHOLDS APPROVED**			**GRAND TOTAL OF BENEFITS ISSUED (1) + (2)**
NAME OF PROJECT AREA	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)**	
TOTALS								**$**

12. REMARKS *(if more space is needed, attach sheet)*

13. SIGNATURE	14. TITLE	15. DATE

This report is required by Regulations (7CFR, Part 274). The result of the emergency relief operations need to be comprehensive, accurate, and timely.

SBU