## Form Approved OMB No. 0584-0037

U.S. Department of Agriculture - Food and Nutrition Services <b>REPORT OF DISASTER FOOD</b> <b>STAMP BENEFIT ISSUANCE</b> According to the Paperwork Reduction Act of 1995, no persons are required to respond to of Information unless it displays a valid OMB control number. The valid OMB control number information collection is 0584-0037. The time required to complete this information collection estimated to average .42 hours per response, including the time for reviewing instructions existing data sources, gathering and maintaining the data needed, and completing and rev								umber for this lection is ons, searching	
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 FOOD STAMP BENEFIT ISSUANCE. Complete items 1 through 15. If the authentication to issue food stamp benefits under disaster procedures is extended, a separate report should be submitted for each authorization period.									
· · ·				GENCY CODE (7 Digits) 4. DISASTER D					TER DATE
5. BRIEF DESCRIF	TION OF AREA AF	FECTED (counties, cities, towns, etc., located within area of disaster.)							
6. PRESIDENTIAL DECLARATION YES NO		7. TYPE OF DISASTER							
8. APPLICATION PERIOD		FLOOD HURRICANE TORNADO							
FROM THROUGH		WINTER STORM WILDFIRE OTHER (Specify)							
(MM, DD, YYYY)									
9. BENEFIT PERIC		10. ALLOTMENT ISSUED TO EACH HOUSEHOLD NEW HOUSEHOLDS:1 MONTH MAXIMUM ALLOTMENTOTHER (Specify)							
FROM	THROUGH	ONGOING HOUSEHOLDS: SUPPLEMENTAL UP TO THE MAX. ALLOTMENT OTHER (Specify)							
(MM, DD, YYYY)	(MM, DD, YYYY) (MM, DD, YYYY) AUTOMATIC SUPPLEMENTS?YESNO								
11. GIVE TOTAL BREAKDOWN OF DISASTER FOOD STAMP 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	HOUSEHOLDS ISSUED	NUMBER OF PERSONS ISSUED SUPPLEMENTS	TOTAL VALUE OF SUPPLEMENTS ISSUED <b>(2)</b>	
то	TALS								\$
12. REMARKS (if more space is needed, attach sheet)									
13. SIGNATURE	13. SIGNATURE					15. DATE			
	10) Provinue Edition -	ra Obsalata	bis report is require	od by Rogulation -	(TCED Dort 274)		Flactor		
FORM FNS-292B (05/10) Previous Editions are Obsolete This report is required by Regulations (7CFR, Part 274). The result of the emergency relief operations need to be comprehensive, accurate, and timely.									