FNS-292 Report of Food Stamp Benefit Issuance and Commodity Distribution for Disaster Relief

FORM APPROVED OMB NO. 0584-0037

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

REPORT OF FOOD STAMP BENEFIT ISSUANCE AND COMMODITY DISTRIBUTION FOR DISASTER RELIEF

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 need, and completing and reviewing the collection of information.

This report should be prepared as soon as possible after emergency relief operations are completed. Send original to: Regional Administrator, Food and Nutrition Service, USDA.

TYPE OF ASSISTANCE PROVIDED ("X" Applicable Box and Complete Items Indicated.)

☐ **FOOD STAMP BENEFIT ISSUANCE.** Complete items 1, 2, 3, 4, and 6, and 9 through 15. If the authorization to issue food stamp benefits under disaster procedures is extended, a separate report should be submitted for each authorization period.

☐ **COMMODITY DISTRIBUTION.** Complete items 1 through 11, 14, and 15. Provide detailed amounts and values of commodities distributed for disaster relief on a separate sheet of paper and attach it to this form.

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

5. TOTAL NUMBER OF PERSONS RECEIVING COMMODITIES, BY COUNTY

COUNTY	TOTAL NO. PERSONS

6. BRIEF DESCRIPTION OF AREA AFFECTED *(Give name of counties, cities, towns etc., located within geographical area of disaster.)*

7. TOTAL COMMODITIES DISTRIBUTED

AMOUNT (POUNDS) VALUE ($)

8. TYPE OF FEEDING *(Indicate by "X")*

☐ CENTRAL FEEDING ☐ FAMILIES IN HOMES

9. TYPE OF DISASTER *(Presidential Declaration* ☐ *YES* ☐ *NO)*

☐ FLOOD ☐ HURRICANE ☐ TORNADO

☐ EARTHQUAKE ☐ OTHER *(Specify)*_____

10. NAME OF AGENCY(S) ISSUING BENEFITS/COMMODITIES TO RECIPIENTS

☐ COUNTY WELFARE DEPT. ☐ AMERICAN RED CROSS

☐ STATE WELFARE DEPT. ☐ OTHER *(specify)*_____

11. PERIOD OF ISSUANCE TO DISASTER RELIEF RECIPIENTS

FROM_____ THROUGH_____
(MM, DD, YYYY) (MM, DD, YYYY)

12. AMOUNT OF BENEFIT ALLOTMENT ISSUED TO EACH HOUSEHOLD

☐ 1/4 MONTH ☐ 1/2 MONTH ☐ 3/4 MONTH ☐ MONTH

13. GIVE BREAKDOWN OF FOOD STAMP BENEFIT ISSUANCE FOR EACH PROJECT AREA AFFECTED

NAME OF PROJECT AREA	NUMBER OF HOUSEHOLDS	TOTAL NUMBER OF PERSONS ASSISTED	* NUMBER OF CERTIFIED PERSONS	VALUE OF BENEFITS ISSUED
TOTAL				$

* Only list persons previously certified for the ongoing Food Stamp Program who received assistance under this disaster authorization.

14. REMARKS *(If more space is needed, attach sheet)*

15. SIGNATURE	TITLE	DATE SIGNED

FORM FNS-292 (01/05) Previous editions obsolete. This report is required by Regulations (7 CFR 250 and 7 CFR 274).
The results of the emergency relief operations need to be comprehensive, accurate, and timely.