## **DISASTER RELIEF**

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE
REPORT OF COUPON ISSUANCE AND
COMMODITY DISTRIBUTION FOR

DISA STEP DELIFE

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 t	ne collection of inform	ation.		
This report should be prepare Food and Nutrition Service, U	ed as soon JSDA.	as possible after emergency	relief operations are	completed. Send	original to: Regio	nal Administrator,	
TYPE OF ASSISTANCE PROV	/IDED ("X'	' Applicable Box(es) and Cor	mplete Items Indicate	ed.)			
FOOD COUPON ISSUANC procedures is extended, a	E. Comple separate re	ete items 1, 2, 3, 4, and 6, and eport should be submitted for	ind 9 through 15. If or each authorization	the authorization to period.	issue food coup	ons under disaster	
_		plete items 1 through 11, 14 paper and attach it to this for					
1. STATE NAME	2. AGENCY NAME		3. AGENCY CODE (7 Digits)		4. DISAST	4. DISASTER DATE	
5. TOTAL NUMBER OF PERSONS RECEIVING COMMODITIES, BY COUNTY			6. BRIEF DESCRIPTION OF AREA AFFECTED (Give name of counties, cities, towns etc., located within geographical area of disaster.)				
COUNTY		TOTAL NO. PERSONS		n goograpmour aroa or	41040t 01.)		
			7. TYPE OF REPORT (Indicate by an "X")				
			☐ INTERIM REPORT ☐ FINAL REPORT				
			8. TYPE OF FEEDING (Indicate by "X")				
9. TYPE OF DISASTER (Presidential Declaration YES NO)			L CENTRAL FEEDING L FAMILIES IN HOMES  10. NAME OF AGENCY(S) ISSUING COUPONS/COMMODITIES TO RECIPIENTS				
FLOOD HURRICANE TORNADO			COUNTY WELFARE DEPT. AMERICAN RED CROSS				
EARTHQUAKE OTHER (Specify)			STATE WELFARE DEPT. OTHER (specify)				
11. PERIOD OF ISSUANCE TO DISASTER RELIEF RECIPIENTS			12. AMOUNT OF COUPON ALLOTMENT ISSUED TO EACH HOUSEHOLD				
FROM THROUGH (MM, DD, YYYY)			☐ 1/4 MONTH ☐ 1/2 MONTH ☐ 3/4 MONTH ☐ MONTH				
13. GIVE BREAKDOWN OF COUF	ON ISSUAN	CE FOR EACH PROJECT AREA	AFFECTED	1			
NAME OF PROJECT AREA		NUMBER OF HOUSEHOLDS	TOTAL NUMBER OF PERSONS ASSISTED	* NUMBER OF CERTIFIED PERSONS	VALUE OF COUPONS ISSUED		
TOTAL						\$	
* Only list persons previous	ly certified	for the ongoing Food Stamp	Program who receive	ed assistance unde	r this disaster au	thorization.	
14. REMARKS (If more space is r	needed, atta	ch sheet)					
15. SIGNATURE			TITLE			DATE SIGNED	

FORM FNS-292 (10/01) 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.