GROUP HOMES AND DRUG/ALCOHOL TREATMENT CENTERS MONTHLY LISTING

ND DEPARTMENT OF HUMAN SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
SFN 202 (Rev. 5-2010)

Clear Fields

Facility Name:			Address:
City:	State:	ZIP Code:	Report Month and Year:

Client Name	Last 4 digits of Social Security Number	Case Number	Income or Other Changes	Date Client Left	EBT Card Returned Y/N	Amount of SNAP Returned to Client
Signature of Group Home/Center Official:		Date:				

DISTRIBUTION: **COPY 1** - County Social Service Office **COPY 2** - GLA/Treatment Center