

GROUP HOMES AND DRUG/ALCOHOL TREATMENT CENTERS MONTHLY LISTING

DEPARTMENT OF HEALTH AND HUMAN SERVICES SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM SFN 202 (7-2024)

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 - Human Service Zone COPY 2 - GLA/Treatment Center