## **PUBLIC SUBMISSION**

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**Submission Type:** API

**Docket:** FNS-2017-0004 SNAP Store Applications

Comment On: FNS-2017-0004-0001

Agency Information Collection Activities; Proposals, Submissions, and Approvals: Supplemental Nutrition

Assistance Program; Store Applications

**Document:** FNS-2017-0004-DRAFT-0001

Comment on FR Doc # 2017-03078

## **Submitter Information**

Name:
Address:
DE, 19973
Email:
Phone:
Organization: Self

## **General Comment**

I would just like a form to be mailed to me to reapply for snap benefits, I contacted my social worker but have yet to receive a phone call back and it's been weeks ago. Please help me with any information you can provide thanks