

The Chickasaw Nation
Senior Farmers' Market Nutrition Program



Application Form

REQUIREMENTS:

- **Meet Income Qualifications**
- **Native American at least 55 years of age**
- **Non-Native American at least 60 years of age residing in a Native American household**
- **Disabled persons under 60 years of age living in housing for the elderly with congregate nutrition services**

Name: _____ (Maiden name: _____)

Address: _____ City: _____ Zip: _____

County: _____ Email address: _____

Phone: (home) () _____ (office) () _____

Date of birth: ____________ Social Security number: _____

100 % Disabled (must show proof of disability)

Citizenship/CDIB # _____

Provision of the Social Security number is voluntary, is requested to assist in verifying eligibility and preventing dual participation, the number will not be re-disclosed, and that failure to provide the Social Security number will not result in denial of your application.

Race/Ethnicity:

Not Hispanic or Latino

Hispanic or Latino

Tribe: _____

American Indian or Alaskan Native

Black or African American

White

Degree of Indian Blood: _____

Asian

Native Hawaiian or Other Pacific Islander

Other

Household size: _____ Household income: _____ per _____

Authorized Representative: You may authorize someone to certify you or pick up/use your Farmers' Market Nutrition Program Checks for you. Please write the person's name below.

Name: _____ **Address:** _____ **Telephone:** _____

By signing this application, you affirm that your household income does not exceed the income guidelines for the SFMNP as stated on this application.

Applicant signature: _____ **Date:** _____

Return to an issuance site on the date noted on the enclosed calendar.

Senior Farmers' Market Nutrition Program

The Senior Farmers' Market Nutrition Program provides **\$50** in coupons for the purchase of fresh fruits and vegetables during months of May – November from authorized farmers' markets and farm stands throughout the Chickasaw Nation and surrounding areas. Seniors are eligible for the program if they:

- Meet income requirements
- Receive services from the Chickasaw Nation Division of Health
- Native American at least 55 years of age
- Non-Native American at least 60 years of age that resides in a Native American household
- Disabled persons under 60 years of age living in housing for the elderly with congregate nutrition services
- 100% disabled Chickasaw citizens (as determined by SSI)

Applications can be received by mail or picked up at WIC and FDP sites and nutrition centers in Ada, Ardmore, Purcell, Tishomingo, Sulphur, Pauls Valley, Duncan, Marlow or Achille.

SFMNP Income Guidelines

Household Size	Annual Income	Monthly Income	Twice-Monthly	Bi-Weekly	Weekly Income
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each Add'l Member Add	+6,919	+577	+289	+267	+134

Rights & Responsibilities:

I hereby indicate neither I nor my household is participating in the SFMNP through more than one service delivery area (dual participation is illegal).

I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability or sex.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).
USDA is an equal opportunity provider and employer.