Senior Farmers' Market Nutrition Program (SFMNP)
2026 Information

Applications are now available for the 2026 Senior Farmers' Market Nutrition Program!

Beginning in June, eligible participants will be issued their 2026 farmers' market electronic benefits card (EBT).
The one-time benefit can be used to purchase fresh fruits and vegetables from approved local farmers. Benefits begin June 1 and expire October 31.

The SFMNP application can be submitted to one of the five nutrition centers located in Ada, Ardmore, Duncan, Purcell and Tishomingo.

SFMNP benefits are issued and used throughout the season. **Lost or stolen EBT cards should be reported to SFMNP staff at one of the phone numbers below.**

Eligibility requirements:

- First Americans (living in the Chickasaw Nation treaty territory) 55 years of age or older with a Certificate of Degree of Indian Blood (CDIB) or citizenship card and meet income guidelines.
- Non-First American, residing in a senior First American household (within the Chickasaw Nation treaty territory):
  - To qualify, the participant must be residing in a home along with a senior citizen of a federally recognized tribe, be 60 years of age or older and meet income guidelines.
- Disabled Chickasaw citizens:
  - 100% disabled as determined by SSI; 54 years of age or younger. Participants must provide proof of disability.
- Chickasaw Warrior Society members, 54 years of age or younger.

Nutrition Services Site Locations:

Ada / 518 East Arlington / Ada, OK 74820 / (580) 272-5714
Ardmore / 2350 Chickasaw Boulevard / Ardmore, OK 73401 / (580) 226-8289
Duncan / 1302 West Main Street / Duncan, OK 73533 / (580) 470-2150
Purcell / 1530 Hardcastle Boulevard / Purcell, OK 73080 / (405) 527-6967
Tishomingo / 824 East 6th Street / Tishomingo, OK 73460 / (580) 387-2781

The Chickasaw Nation is an equal opportunity provider except where allowed by applicable or other federal law.

2026 Participant Application

REQUIREMENTS:

- **Meet income qualifications**
- **First American at least 55 years of age**
- **Non-First American at least 60 years of age residing in a senior First American household**
- **54 years of age and younger - Chickasaw citizen; 100% disabled (with documentation); Chickasaw Warrior Society member**

Participant name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (____) _____ Cell phone no.: (____) _____ ☐ You may send text messages to this no.

Email address: _____

Birth date: _____

100% disabled Chickasaw citizen? ☐ Yes ☐ No (if yes, please provide proof of disability)

Chickasaw Warrior Society member? ☐ Yes ☐ No

Race/ethnicity: ☐ Not Hispanic or Latino ☐ Hispanic or Latino

☐ First American or Alaskan Native, if so tribal affiliation: _____

Citizenship/Certificate of Degree of Indian Blood (CDIB): ☐ Yes ☐ No

Household count: _____ Total household income: _____ ☐ Month ☐ Year

Authorized representative name: _____

By signing this application, you affirm your total household income does not exceed the income guidelines for the SFMNP as stated on this application and you are participating in only one senior farmer's market nutrition program.

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 Chickasaw Nation, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under federal and other applicable law.
Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability or sex unless otherwise allowed by applicable federal law. I understand that I may appeal any decision made by the Chickasaw Nation SFMNP program regarding my eligibility for the SFMNP.

_____ _____
Applicant signature Date

Return completed application to:
The Chickasaw Nation Farmers' Market Nutrition Program
Post Office Box 1548
Ada, Oklahoma 74821-1548

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Other members of the household:

Name: _____
First Middle Last Suffix

Birth date: _____

100% disabled Chickasaw citizen? ☐ Yes ☐ No (if yes, please provide proof of disability)

Chickasaw Warrior Society member? ☐ Yes ☐ No

Race/ethnicity: ☐ Not Hispanic or Latino ☐ Hispanic or Latino

☐ First American or Alaskan Native, if so tribal affiliation: _____

Citizenship/Certificate of Degree of Indian Blood (CDIB): ☐ Yes ☐ No

Name: _____
First Middle Last Suffix

Birth date: _____

100% disabled Chickasaw citizen? ☐ Yes ☐ No (if yes, please provide proof of disability)

Chickasaw Warrior Society member? ☐ Yes ☐ No

Race/ethnicity: ☐ Not Hispanic or Latino ☐ Hispanic or Latino

☐ First American or Alaskan Native, if so tribal affiliation: _____

Citizenship/Certificate of Degree of Indian Blood (CDIB): ☐ Yes ☐ No

Name: _____
First Middle Last Suffix

Birth date: _____

100% disabled Chickasaw citizen? ☐ Yes ☐ No (if yes, please provide proof of disability)

Chickasaw Warrior Society member? ☐ Yes ☐ No

Race/ethnicity: ☐ Not Hispanic or Latino ☐ Hispanic or Latino

☐ First American or Alaskan Native, if so tribal affiliation: _____

Citizenship/Certificate of Degree of Indian Blood (CDIB): ☐ Yes ☐ No

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