



CHOCTAW NATION OF OKLAHOMA FARMERS MARKET (FMNP) AND SENIOR FARMERS (SFMNP) NUTRITION PROGRAMS

FARMER APPLICATION

MAIL TO: Choctaw Nation of Oklahoma Farmer # \_\_\_\_\_
FMNP & SFMNP Programs Attention: Craig Garrett
1803 Chukka Hina Drive, Durant, OK 74702

PLEASE PRINT

Farm Name \_\_\_\_\_ SS# \_\_\_\_\_
Full Name \_\_\_\_\_ Email Address \_\_\_\_\_
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
Farm Address \_\_\_\_\_
City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_
Directions to Farm/Growing Location: \_\_\_\_\_

Please list a minimum of 4 fruits and/or vegetables that will be grown by the Farmer:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Table with 3 columns: DAY OF THE WEEK, OPEN, CLOSE. Rows for SUNDAY through SATURDAY.

This institution is an equal opportunity provider.



# FARMERS STATEMENT OF APPLICATION

(PLEASE RETURN WITH SIGNED/NOTARIZED AGREEMENT)

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The applicant has reviewed the Farmers Agreement.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The applicant has reviewed and understands the policies and procedures of the programs with respect to farmers.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The applicant asserts that he/she and all employees will comply with the program regulations and understands that authorization to participate in the program may be terminated for violations of program regulations by he/she and employees.                |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The applicant understands that farmers who violate WIC/ FMNP & SFMNP regulations risk losing their food stamp authorization per Section 278.1 (o)(2).   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The applicant understands that previous non-compliance with WIC/ FMNP & SFMNP policy and/or procedures will be considered when re-authorizing with the farmer and may be used as criteria in determining whether the farmer is eligible for re-authorization. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The applicant agrees to update any of the information on the application as requested by the program.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. The applicant understands that the State reserves the right to terminate a farmer whose WIC/ FMNP & SFMNP business is insufficient to warrant continued participation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. The applicant requests authorization to participate as a Farmer in the WIC/ FMNP & SFMNP.   |

## ALL AREAS OF THIS APPLICATION MUST BE COMPLETED

The undersigned asserts that all the statements and information provided herein are true and accurate and understands that false information may result in the denial or withdrawal of approval to participate in the Choctaw Nation FMNP & SFMNP.

### SIGNATURE:

Farmer \_\_\_\_\_ Date \_\_\_\_\_

*Note: This application does not constitute an agreement.*

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