



2024 APPLICATION

# SENIORS FARMER'S MARKET NUTRITION PROGRAM

## REQUIREMENTS

- Tribal members or CDIB cardholders at least 55 years of age  
*Must reside within the Choctaw Nation Reservation*
- Non-Native Americans at least 60 years of age residing in a tribal household with (ID)  
*Must reside within the Choctaw Nation Reservation*
- Meet income qualifications  
*Provide current pay stubs [last 30 days], current tax returns, or current eligibility letter to one of the following: Indian commodities, Snap, or SSI*
- Proof of residency

## PLEASE PRINT

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spouse's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_

*(Provision of the SSN is requested to assist in verifying eligibility and preventing dual participation)*

## AUTHORIZED REPRESENTATIVE

*You may authorize someone to certify you or pick up/use your Senior Farmers' Market.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## RETURN TO

**Choctaw Nation**

**Seniors Farmer's Nutrition Program**

**Attention: Peggy Carlton**

**1803 Chukka Hina Drive**

**Durant, Oklahoma 74701**

Race/Ethnicity:

- ☐ Not Hispanic or Latin
- ☐ White
- ☐ Hispanic or Latino
- ☐ Asian
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Black Or African American
- ☐ Other

Tribes: \_\_\_\_\_

☐ 100% Disabled (Must show proof of disability)

## APPLICANT SIGNATURE

\_\_\_\_\_

Date: \_\_\_\_\_

*By signing this application, you affirm that your household income does not exceed the income guidelines for the SFMNP as stated on the back of this application. Please initial the back page after reading your "Rights and Responsibilities".*

*Your SFMNP benefits will be mailed to your address.*

*"This institution is an equal opportunity provider." -USDA*



FOR OFFICE USE ONLY

BENEFITS ISSUED: \_\_\_\_\_ THROUGH: \_\_\_\_\_

MAILED: \_\_\_\_\_ PROCESSED BY: \_\_\_\_\_

PAY STUB \_\_\_\_\_ TAX RETURN \_\_\_\_\_ COMMODITIES \_\_\_\_\_ SNAP \_\_\_\_\_ DISABILITY \_\_\_\_\_ VERIFIED BY (EMPLOYEE INITIALS) \_\_\_\_\_

## SENIORS FARMER'S MARKET NUTRITION PROGRAM

The Senior's Farmers' Nutrition Program provides **\$50** in benefits for the purchase of fresh fruits and vegetables during months of May – October from authorized farmers' and farm stands throughout the Choctaw Nation and surrounding areas.

Applications can be received by mail or picked up at Choctaw Community Centers in your area.

### SFMNP FEDERAL INCOME GUIDELINES

Household Size	Annual Income	Monthly Income	Twice-Monthly	Bi-Weekly	Weekly Income
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
Each	+\$9,509	+\$793	+\$397	+\$366	+\$183

### RIGHTS AND 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 false or misleading statements 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 state agency regarding my eligibility for the SFMNP.

In accordance with the 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 program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed to the USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992.

APPLICANT INITIALS