



2025 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

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

Tribe: _____

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

Verified By (Employee Initials) _____

Benefits Issues: _____ Through: _____

Mailed: _____ Processed By: _____

Pay Stub _____ Tax Return _____ Commodities _____ Snap _____ Disability _____

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	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
Each	+\$9,953	+\$830	+\$415	+\$383	+\$192

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 federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax: (833) 256-1665 or (202) 690-7442; or
email: Program.Intake@usda.gov

APPLICANT INITIALS