

**LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
2023 SENIOR FARMERS' MARKET NUTRITION PROGRAM
APPLICATION TO RECEIVE FOOD BENEFITS-PAGE 1**

PLEASE PRINT

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____ APARTMENT #: _____

CITY: _____ STATE: _____ ZIP: _____

PARISH: _____ CELL PHONE: (_____) _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER (LAST 4 DIGITS): _____

DID YOU RECEIVE A SENIOR FARMERS' MARKET NUTRITION PROGRAM FOOD BENEFITS CARD IN 2022? **YES NO**

***IF "YES," PLEASE LIST THE LAST 4 DIGITS OF THE NUMBER ON THE FRONT OF YOUR CARD:** _____

IF YOU NO LONGER HAVE YOUR CARD AND NEED A NEW ONE SENT TO YOU, PLEASE CHECK THIS BOX:

PLEASE CIRCLE "YES" OR "NO" FOR THE FOLLOWING QUESTIONS:

1. Do you receive USDA Commodities (Food for Seniors)? **YES NO**
2. Do you have, or are you eligible for, the Supplemental Nutrition Assistance Program (SNAP)? **YES NO**
3. Do you receive Supplemental Security Income (SSI)? **YES NO**
4. Do you receive Medicaid? **YES NO**

GROSS MONTHLY HOUSEHOLD INCOME: \$ _____

PLEASE CIRCLE THE NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD:

1 2 3 4 5 6 7 8 9 10

PLEASE CIRCLE THE APPROPRIATE ETHNICITY/RACE CATEGORY THAT APPLIES TO YOU:

Are you of Spanish, Hispanic, or Latino origin or background, such as Mexican, Cuban or Puerto Rican, regardless of race? **YES NO**

Which of the following do you consider yourself? (Circle all categories that apply to you.)

- White/Caucasian
- Black/African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other (Please Specify _____)

I attest that I am at least 60 years of age; all statements made above are true and correct; I understand it is illegal to dual participate or sell my benefits; and I have read, or have had read to me, the statements on the back of this form.

Signature of Applicant or Representative

Date of Application

Please submit this completed SFMNP application to your parish Council on Aging (Catholic Charities in New Orleans). Applications are processed first-come, first-served.

LOCAL AGENCY USE ONLY

<p>_____ <i>Approved</i></p>	<p>_____ <i>Disapproval* Reason: ___Under 60 ___Income Exceeds Eligibility Limit ___Not LA Resident</i></p> <p style="text-align: center;"><i>Other: _____</i></p> <p><i>*Copy of this Disapproval Notice provided to Applicant on _____ (date) ___ in person or ___ mail.</i></p>
<p>_____ <i>STAFF Signature / _____ Local Agency /Date: _____</i></p>	