

**LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY  
2022 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): \_\_\_\_\_

**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**
5. Did you receive Senior Farmers' Market Nutrition Program coupons in 2021? **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.

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**LOCAL AGENCY USE ONLY**

<p>____ <i>Approved</i></p>	<p>____ <i>Disapproval* Reason: ___Under 60 ___Income Exceeds Eligibility Limit ___Not LA Resident</i>                  ____ <i>Other: _____</i></p>
<p><i>*Copy of this Disapproval Notice provided to Applicant on _____ (date) ___ in person or ___ mail.</i></p>	

\_\_\_\_\_  
*Signature/ \_\_\_\_\_ Local Agency /Date: \_\_\_\_\_*

Please contact your parish Council on Aging (Catholic Charities in New Orleans) for locations to submit your application. Applications will NOT be accepted from participants at the Louisiana Department of Agriculture & Forestry and applications will NOT be accepted at USDA. Each participant in a household should complete a separate application. The application period will end September 23 or earlier if funding is depleted.

Certification Regarding Rights & Obligations

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 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. I have been advised that food benefits issued to me are only for my personal use and offering to sell them verbally, in print or online may result in paying the State agency, in cash, the value of the food benefits improperly disposed of and may subject me to disqualification and civil or criminal prosecution under State and Federal law.

Certification Regarding Dual Participation

I have been advised that it is illegal to be a dual participant in the SFMNP. Application to receive food benefits in more than one parish, more than once in a parish or under a separate name is illegal and may subject me to disqualification, cash repayment of the value of benefits, and/or civil or criminal prosecution under State or Federal law.

Your Appeal Rights

Appeal Rights

I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP to the following:

Michelle Estay, SFMNP Director  
Louisiana Department of Agriculture & Forestry (LDAF)  
47076 N. Morrison Blvd.  
Hammond, LA 70401-7308  
Tel.: (985) 345-9483 Fax: (225) 237-5630  
email: fmnp@ldaf.state.la.us

- Please - Do NOT send your SFMNP application to LDAF.

Civil Rights Policy  
  
  
  
  
  
  
  
  
  
  
  
  
Civil Rights Complaint Process

Nondiscrimination Policy

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotele, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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, and at any USDA office, or write a letter addressed to 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. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture (USDA) Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

- Please - Do NOT send your SFMNP application to USDA.

This institution is an equal opportunity provider.

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2022 SENIOR FARMERS' MARKET NUTRITION PROGRAM**

<b>INCOME ELIGIBILITY GUIDELINES</b>					
<b>(Effective for the 2022 Program)</b>					
<b>Household Size</b>	<b>Household Income (Dollars) @ 185% of Poverty Level</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>Twice-Monthly</b>	<b>Bi-Weekly</b>	<b>Weekly</b>
1.....	\$25,142	\$2,096	\$1,048	\$967	\$484
2.....	33,874	2,823	1,412	1,303	652
3.....	42,606	3,551	1,776	1,639	820
4.....	51,338	4,279	2,140	1,975	988
5.....	60,070	5,006	2,503	2,311	1,156
6.....	68,802	5,734	2,867	2,647	1,324
7.....	77,534	6,462	3,231	2,983	1,492
8.....	86,266	7,189	3,595	3,318	1,659
9.....	94,998	7,917	3,959	3,654	1,827
10.....	103,730	8,645	4,323	3,990	1,995
11.....	112,462	9,373	4,687	4,326	2,163
12.....	121,194	10,101	5,051	4,662	2,331
13.....	129,926	10,829	5,415	4,998	2,499
14.....	138,658	11,557	5,779	5,334	2,667
15.....	147,390	12,285	6,143	5,670	2,835
16.....	156,122	13,013	6,507	6,006	3,003
Each add'l family member add	+ \$8,732	+ \$728	+ \$364	+ \$336	+ \$168