



**Senior Farmers' Market Nutrition Program (SFMNP)  
2024 Participant Application**

**REQUIREMENTS:**

- **Meet income qualifications**
- **First American at least age 55 years**
- **Non-First American at least age 60 years residing in a First American household**
- **Chickasaw Warrior Society member or 100% disabled Chickasaw citizen (with documentation)**

Head of household name: \_\_\_\_\_  
First Middle Last Suffix

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_  You may send text messages to this no.

Email address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security no.: \_\_\_\_\_ (needed for security purposes)

100% disabled Chickasaw citizen?  Yes  No (if yes, please provide proof of disability)

Warrior Society member?  Yes  No

Race/ethnicity:  Not Hispanic or Latino  Hispanic or Latino

First American or Alaskan Native, if so tribal affiliation: \_\_\_\_\_

Citizenship/Certificate of Degree of Indian Blood (CDIB):  Yes  No

Other: \_\_\_\_\_

Household size: \_\_\_\_\_ Household income: \_\_\_\_\_  Week  Month  Year

Authorized representative name: \_\_\_\_\_

***By signing this application, you affirm that your household income does not exceed the income guidelines for the SFMNP as stated on this application.***

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Lost or stolen cards should be reported to your local nutrition center.

Do you need a new farmers market card?  Yes  No

**2024 SFMNP benefits will be added to EBT card.**

**NOTE: Participants will only receive ONE reloadable EBT card and must keep the original.**

*Return completed application to your nearest nutrition center or mail to:*

The Chickasaw Nation Farmers' Market Nutrition Program

Post Office Box 1548

Ada, Oklahoma 74821-1548

**Other members of the household:**

Name: \_\_\_\_\_  
First Middle Last Suffix

Birth date: \_\_\_\_\_ Social Security no.: \_\_\_\_\_ (needed for security purposes)

100% disabled Chickasaw citizen?  Yes  No (if yes, please provide proof of disability)

Warrior Society member?  Yes  No

Race/ethnicity:  Not Hispanic or Latino  Hispanic or Latino

First American or Alaskan Native, if so tribal affiliation: \_\_\_\_\_ Citizenship/CDIB:  Yes  No

Other: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Suffix

Birth date: \_\_\_\_\_ Social Security no.: \_\_\_\_\_ (needed for security purposes)

100% disabled Chickasaw citizen?  Yes  No (if yes, please provide proof of disability)

Warrior Society member?  Yes  No

Race/ethnicity:  Not Hispanic or Latino  Hispanic or Latino

First American or Alaskan Native, if so tribal affiliation: \_\_\_\_\_

Citizenship/ Certificate of Degree of Indian Blood (CDIB):  Yes  No

Other: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Suffix

Birth date: \_\_\_\_\_ Social Security no.: \_\_\_\_\_ (needed for security purposes)

100% disabled Chickasaw citizen?  Yes  No (if yes, please provide proof of disability)

Warrior Society member?  Yes  No

Race/ethnicity:  Not Hispanic or Latino  Hispanic or Latino

First American or Alaskan Native, if so tribal affiliation: \_\_\_\_\_

Citizenship/ Certificate of Degree of Indian Blood (CDIB):  Yes  No

Other: \_\_\_\_\_

**Nutrition Services Site Locations:**

Ada / 518 East Arlington / Ada, OK 74820 / (580) 272-5714

Ardmore / 2350 Chickasaw Boulevard / Ardmore, OK 73401 / (580) 226-8289

Duncan / 1302 West Main Street / Duncan, OK 73533 / (580) 470-2150

Purcell / 1530 Hardcastle Boulevard / Purcell, OK 73080 / (405) 527-6967

Tishomingo / 824 East 6<sup>th</sup> Street / Tishomingo, OK 73460 / (580) 387-2781