



Senior Farmers' Market Nutrition Program (SFMNP) 2023 Information

Applications are now available for the 2023 Senior Farmers' Market Nutrition Program!

Beginning in June, eligible participants will be issued their 2023 farmers' market electronic benefits. The one-time benefits can be used to purchase fresh fruits and vegetables from approved local farmers. Benefits begin June 1 and expire October 31.

The SFMNP application can be submitted to one of the five nutrition centers located in Ada, Ardmore, Duncan, Purcell, and Tishomingo.

SFMNP benefits are issued and used throughout the season **Lost or stolen EBT cards should be reported to SFMNP staff at one of the phone numbers below.**

Eligibility requirements:

- First Americans (living in the Chickasaw Nation service area) age 55 years or older with a CDIB or citizenship card and meet income guidelines.
- Non-First American, residing in a First American household (within the Chickasaw Nation service area):
 - To qualify, the participant must be residing in a home along with a citizen of a federally recognized tribe, be age 60 years or older and meet income guidelines.
- Disabled Chickasaw citizens:
 - 100% disabled as determined by SSI; under age 55 years. Participants must provide proof of disability.
- First Americans age 55 years or older and non-First Americans age 60 years or older, residing in a Chickasaw household:
 - To qualify, the participant must be residing in the home with a Chickasaw citizen and meet age and income guidelines.
- Chickasaw Warrior Society members.

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 6th Street / Tishomingo, OK 73460 / (580) 387-2781

2023 SFMNP benefits will be added to EBT cards.

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

Please call (855) 572-3433 if you have any questions.



2023 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

Head of household name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
 Same as mailing Street City State ZIP

Home phone no.: (____) _____ Cell phone no.: (____) _____ You may send text messages to this no.

Email address: _____

Birth date: _____ SSN: _____ (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: _____

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 _____

Please select the nutrition site closest to you.

- Ada Ardmore Duncan Purcell Tishomingo

Do you need a new EBT card? Yes No

2023 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:

The Chickasaw Nation Farmers' Market Nutrition Program
Post Office Box 1548
Ada, Oklahoma 74821-1548

USDA is an equal opportunity provider and employer.

Other members of the household:

Name: _____
First Middle Last Suffix

Birth date: _____ SSN: _____ (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: _____ SSN: _____ (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: _____ SSN: _____ (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: _____