

**LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY  
2020 SENIOR FARMERS' MARKET NUTRITION PROGRAM  
APPLICATION TO RECEIVE COUPONS-PAGE 1**

**PLEASE PRINT**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ APARTMENT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARISH: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

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 2019? **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**

____ <i>Approved</i>	____ <i>Disapproval Reason:</i> ____ <i>Under 60</i> ____ <i>Income Exceeds Eligibility Limit</i> ____ <i>Not LA Resident</i> ____ <i>Other:</i> _____
_____ <i>Signature/</i> _____ <i>Local Agency/Date:</i> _____	