

**LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
2021 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 2020? **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>___ Approved</p>	<p>___ Disapproval* Reason: ___ Under 60 ___ Income Exceeds Eligibility Limit ___ Not LA Resident ___ Other: _____</p> <p>*Copy of this Disapproval Notice provided to Applicant on _____ (date) ___ in person or ___ mail.</p>
<p>_____ Signature/ _____ Local Agency /Date: _____</p>	

**LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY
2021 SENIOR FARMERS' MARKET NUTRITION PROGRAM**

INCOME ELIGIBILITY GUIDELINES

(Effective for the 2021 Program Until New Guidelines Are Released)

Household Income (Dollars) @ 185% of Poverty Level

Household Size	Household Income (Dollars) @ 185% of Poverty Level				
	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1.....	\$23,606	\$1,968	\$984	\$908	\$454
2.....	31,894	2,658	1,329	1,227	614
3.....	40,182	3,349	1,675	1,546	773
4.....	48,470	4,040	2,020	1,865	933
5.....	56,758	4,730	2,365	2,183	1,092
6.....	65,046	5,421	2,711	2,502	1,251
7.....	73,334	6,112	3,056	2,821	1,411
8.....	81,622	6,802	3,401	3,140	1,570
Each add'l family member add	+ \$8,288	+ \$691	+ \$346	+ \$319	+ \$160