

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS - ELDERS DEPARTMENT
2021 SENIOR FARMERS' MARKET NUTRITION PROGRAM



PARTICIPANT APPLICATION

FIRST NAME _____ Age: _____

ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE (____) _____ SEX: ____ M ____ F

EMAIL ADDRESS _____

TOTAL HOUSEHOLD SIZE: _____ **TOTAL HOUSEHOLD INCOME** _____

The collection of race and ethnicity is requested solely for the purpose of determining the State agency's compliance with Federal civil rights laws and ensures that the program is administered in a non-discriminatory manner. Your responses to these questions will not affect consideration of your application. If you choose not to self-identify race and ethnicity, the person taking the application must record the participant's race and ethnicity based on visual observation.

ETHNICITY CATEGORY:

____ HISPANIC OR LATINO
____ NOT HISPANIC OR LATINO

RACE CATEGORY (select one or more):

____ AMERICAN INDIAN OR ALASKA NATIVE
____ ASIAN
____ BLACK OR AFRICAN AMERICAN
____ NATIVE HAWAIIAN OR ANOTHER PACIFIC ISLANDER
____ WHITE

To be eligible to receive SFMNP coupons, you must be 55 years of age and meet the income guidelines, which are based on 185% of the Federal Poverty Income Guidelines during the current fiscal year. You have been given a copy of the current income guidelines for this fiscal year. You must provide a copy of the acceptance letter that you are a participant in SSI or a member of a family/economic unit participating with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) or on a waiting list for WIC. A copy of your Tribal ID will be needed, proof of residency, copy of driver license, State ID, or household bill in your name.

