



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS
ELDERS DEPARTMENT
2025 SENIOR FARMERS' MARKET NUTRITION PROGRAM



PARTICIPANT APPLICATION

**PROOF OF
INCOME
REQUIRED**

NAME _____ Age: _____

ADDRESS _____
STREET CITY STATE ZIP

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

Tribal ID. _____

EMAIL ADDRESS _____

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

Person in household	Age	Date of birth	Relationship

Attach additional information.

The collection of race and ethnicity is requested solely to determine the State agency's compliance with Federal civil rights laws and ensure that the program is administered in a non-discriminatory manner. Your responses to these questions will not affect your application's consideration. 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 showing that you are a participant in SSI or a member of a family/economic unit participating in 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, as well as proof of residency, a copy of your driver's license, State ID, or household bill in your name.

PROXY

A proxy is a person only authorized to receive and/or redeem SFMNP coupons. A proxy should be at least 18 years of age and dependable for the duration of the program months of operation. For the coupons to be issued to a proxy, the proxy must present identification as well as written approval from the participant. Proxies must sign a designated line on the coupon log sheet before receiving the coupons. Proxies have the same obligations to follow program guidelines when purchasing fruits and vegetables from an authorized farmer.

I, _____ authorize the following individual(s) to act as my proxy.
Participant signature

Assigned proxies: _____
1st proxy named _____ 2nd proxy names _____

_____ Check here if no proxy was assigned.

CERTIFICATION BY PARTICIPANT

I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. I am aware that I cannot receive farmers' market benefits from more than one state, more than one local agency or program model (check, coupon or CSA). This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP. I certify I meet the 2024/25 household size and income guidelines provided by the state and that I am eligible to receive SFMNP benefits.

_____ Signature of Participant	_____ Date
_____ Signature of Certifier	_____ Date

Issued SFMNP booklet # _____ thru _____ Date _____

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating based on race, color, national origin, sex, age, and disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Revision Date: 4/14/2025

\\gtband.org\groups\GOV-Groups\GTB-Forms\Elders

Income Eligibility Guidelines
(Effective from July 1, 2025 to June 30, 2026)

Household Size	Federal Poverty Guidelines - 100%					150%					185%				
	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
48 Contiguous States, D.C., Guam and Territories															
1	\$15,650	\$1,305	\$653	\$602	\$301	\$23,475	\$1,957	\$979	\$903	\$452	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	21,150	1,763	882	814	407	31,725	2,644	1,322	1,221	611	39,128	3,261	1,631	1,505	753
3	26,650	2,221	1,111	1,025	513	39,975	3,332	1,666	1,538	769	49,303	4,109	2,055	1,897	949
4	32,150	2,680	1,340	1,237	619	48,225	4,019	2,010	1,855	928	59,478	4,957	2,479	2,288	1,144
5	37,650	3,138	1,569	1,449	725	56,475	4,707	2,354	2,173	1,087	69,653	5,805	2,903	2,679	1,340
6	43,150	3,596	1,798	1,660	830	64,725	5,394	2,697	2,490	1,245	79,828	6,653	3,327	3,071	1,536
7	48,650	4,055	2,028	1,872	936	72,975	6,082	3,041	2,807	1,404	90,003	7,501	3,751	3,462	1,731
8	54,150	4,513	2,257	2,083	1,042	81,225	6,769	3,385	3,125	1,563	100,178	8,349	4,175	3,853	1,927
Add per family member	+\$5,500	+\$459	+\$230	+\$212	+\$106	+\$8,250	+\$688	+\$344	+\$318	+\$159	+\$10,175	+\$848	+\$424	+\$392	+\$196
Alaska															
1	\$19,550	\$1,630	\$815	\$752	\$376	\$29,325	\$2,444	\$1,222	\$1,128	\$564	\$36,168	\$3,014	\$1,507	\$1,392	\$696
2	26,430	2,203	1,102	1,017	509	39,645	3,304	1,652	1,525	763	48,896	4,075	2,038	1,881	941
3	33,310	2,776	1,388	1,282	641	49,965	4,164	2,082	1,922	961	61,624	5,136	2,568	2,371	1,186
4	40,190	3,350	1,675	1,546	773	60,285	5,024	2,512	2,319	1,160	74,352	6,196	3,098	2,860	1,430
5	47,070	3,923	1,962	1,811	906	70,605	5,884	2,942	2,716	1,358	87,080	7,257	3,629	3,350	1,675
6	53,950	4,496	2,248	2,075	1,038	80,925	6,744	3,372	3,113	1,557	99,808	8,318	4,159	3,839	1,920
7	60,830	5,070	2,535	2,340	1,170	91,245	7,604	3,802	3,510	1,755	112,536	9,378	4,689	4,329	2,165
8	67,710	5,643	2,822	2,605	1,303	101,565	8,464	4,232	3,907	1,954	125,264	10,439	5,220	4,818	2,409
Add per family member	+\$6,880	+\$574	+\$287	+\$265	+\$133	+\$10,320	+\$860	+\$430	+\$397	+\$199	+\$12,728	+\$1,061	+\$531	+\$490	+\$245
Hawaii															
1	\$17,990	\$1,500	\$750	\$692	\$346	\$26,985	\$2,249	\$1,125	\$1,038	\$519	\$33,282	\$2,774	\$1,387	\$1,281	\$641
2	24,320	2,027	1,014	936	468	36,480	3,040	1,520	1,404	702	44,992	3,750	1,875	1,731	866
3	30,650	2,555	1,278	1,179	590	45,975	3,832	1,916	1,769	885	56,703	4,726	2,363	2,181	1,091
4	36,980	3,082	1,541	1,423	712	55,470	4,623	2,312	2,134	1,067	68,413	5,702	2,851	2,632	1,316
5	43,310	3,610	1,805	1,666	833	64,965	5,414	2,707	2,499	1,250	80,124	6,677	3,339	3,082	1,541
6	49,640	4,137	2,069	1,910	955	74,460	6,205	3,103	2,864	1,432	91,834	7,653	3,827	3,533	1,767
7	55,970	4,665	2,333	2,153	1,077	83,955	6,997	3,499	3,230	1,615	103,545	8,629	4,315	3,983	1,992
8	62,300	5,192	2,596	2,397	1,199	93,450	7,788	3,894	3,595	1,798	115,255	9,605	4,803	4,433	2,217
Add per family member	+\$6,330	+\$528	+\$264	+\$244	+\$122	+\$9,495	+\$792	+\$396	+\$366	+\$183	+\$11,711	+\$976	+\$488	+\$451	+\$226

Food and Nutrition Service, Braddock Metro Center, 1320 Braddock Place, Alexandria, VA 22314

USDA is an equal opportunity provider, employer, and lender.