

Application for Drug/Alcohol Treatment Facility to Receive Supplemental Nutrition Assistance Program (SNAP) Benefits

I, _____ representing _____
(Name) (Name of Facility)

am applying for approval from the Department of Children and Family Services (DCFS) to be a Drug/Alcohol Treatment Facility approved to receive Supplemental Nutrition Assistance Program (SNAP) benefits.

This facility is:

- Certified as a retailer by the Department of Agriculture (USDA), Food and Nutrition Service (FNS), or
- Tax-exempt as verified by a current valid Internal Revenue Service (IRS) exemption, and
- Certified by the Louisiana Department of Health (LDH), Office for Behavioral Health as:
 - Receiving funding under part B of title XIX of the Public Health Service Act, or
 - Eligible to receive funding under part B of title XIX of the Public Health Service Act even if no funds are being received, or
 - Operating to further the purposes of part B of title XIX of the Public Health Service Act, to provide treatment and rehabilitation of drug addicts and/or alcoholics.

The **street** address is:

The **mailing** address if different is:

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| | |
| | |

Telephone number: _____
 Fax number: _____
 Email address: _____

Please attach a copy of your facility's certification as an approved retailer, or verification of tax-exemption status, and certification from LDH to this application and return to DCFS SNAP State Office by email at LA.SNAP.DCFS@la.gov.

I certify that everything in this application is true and correct to the best of my knowledge. I understand that an on-site visit (scheduled/unscheduled) will be made by a representative of DCFS annually, or more often, if deemed necessary.

Signature of Drug/Alcohol Treatment Facility Representative

Date

Title of Drug/Alcohol Treatment Facility Representative