

**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 Louisiana Department of Health (LDH) 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:

_____	_____
_____	_____
_____	_____

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 LDH 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 LDH annually, or more often, if deemed necessary.

Signature of Drug/Alcohol Treatment Facility Representative

Date

Title of Drug/Alcohol Treatment Facility Representative