# TIER I PROVIDERS BASED ON SNAP ELIGIBILITY

**Sponsoring Organization:** _____ **Agreement Number:** H-_____

A list of providers qualifying for Tier I reimbursement based on *Supplemental Nutrition Assistance Program* (SNAP) eligibility must be submitted by March 15 of each year to the State Agency. The list must include the provider's name and SNAP case number.

| ADULT HOUSEHOLD MEMBER (Last Name, First Name) | SNAP NUMBER |
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**This form must be completed and submitted to the following address by March 15 of each year:**

Oklahoma State Department of Education
Child Nutrition Programs, Suite 310
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599