

Check Range # _____ to _____

Program Year **2021**

WA Senior Farmers' Market Nutrition Program Application & Affidavit for Eligibility

*Name: _____

*Birth Date: _____

Address: _____

City: _____ ZIP Code: _____ County: _____

Phone: _____

The Senior Farmers' Market Nutrition Program (SFMNP) provides fresh fruit and vegetables to lower-income seniors with the goal of improving their health and nutritional status. It also supports local farming by increasing the use of farmers' markets and roadside stands.

To be eligible for the SFMNP, you must meet ALL of the following:

1. You must be 60 years of age or older (55+ for Native American/Alaska Native)
2. Your income must be below 185% of the Federal Poverty Level. That means:
 - ▶ \$23,828 Annual or \$1,986 Monthly Income for 1 person
 - ▶ \$32,227 Annual or \$2,686 Monthly Income for 2 people
 - ▶ For larger households, add \$700 for each additional person
3. You must be a resident of Washington State

By signing this form, you certify that you meet ALL the eligibility requirements above and acknowledge that you have been given SFMNP Rights & Responsibilities Information.

* _____

Participant Signature

* _____

Date

Please answer the two questions below:

1. *Please check all that apply: American Indian or Alaska Native Asian
 African American Caucasian Native Hawaiian or Other Pacific Islander
2. Do you consider yourself Hispanic/Latino? Yes No

In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Please see the others side of the Affidavit for more information.

Please return completed form to: **Meals on Wheels and More, 315 Halleck Street, Bellingham, WA 98225; or email: jmeyers@whatcomcoa.org; or fax: 360-647-7952.**

Nondiscrimination

Freedom from Discrimination:

This institution is prohibited from discriminating on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, disability, or the use of a dog guide or trained service animal (a service animal is an animal that is individually trained to do work or perform tasks for the benefit of an individual with a disability). RCW 49.60.030

USDA Nondiscrimination Statement:

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay System at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail complaint of discrimination to:
US Department of Agriculture
Office of the Assistance Secretary for Civil Rights
1400 Independence Avenue SW
Washington DC 20250-9410

NOTE: DO NOT MAIL the SFMNP Application to this address

2. FAX complaint of discrimination to: (202) 690-7442
3. Email complaint of discrimination to: program.intake@usda.gov

This Institution is an equal opportunity provider