

Card #: \_\_\_\_\_ Program Year **2024**  
(For official use only)

## WA SENIOR FARMERS MARKET NUTRITION PROGRAM APPLICATION & AFFIDAVIT FOR ELIGIBILITY

\*Name: \_\_\_\_\_ \*DOB (mo/day/yr): \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

\*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 old or older (55+ if you are Native American/Alaska Native)
2. Your income must be below 185% of the Federal Poverty Level. That means:
  - \$27,860 Annual or \$2,322 Monthly Income for 1 person
  - \$37,814 Annual or \$3,151 Monthly Income for 2 people
  - For larger households, add \$829 for each additional person per month
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 and Responsibilities information.

\* \_\_\_\_\_  
Participant Signature

\* \_\_\_\_\_  
Date

### \* Required Information

#### Important News:

If you still have your SFMNP benefit card from last year (2023), you will NOT be able to re-use it for this season. Please destroy or dispose of last year's (2023) benefit card and a new card for this year (2024) will be issued to you.

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Please send form to: Meals on Wheels at 315 Halleck Street, Bellingham, WA 98225; or Email: [mealsonwheelswhatcomsjc@gmail.com](mailto:mealsonwheelswhatcomsjc@gmail.com); or Fax: 360-647-7952.

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**Don't forget the backside →**

**Please answer the questions below – your response is voluntary:**

- (1) Do you consider yourself Hispanic/Latino?  Yes  No
- (2) Please check all that apply:  
 American Indian or Alaska Native  Asian  African American  Caucasian  
 Native Hawaiian or other Pacific Islander
- (3) Do you use a smart device, such as a cell phone or tablet?  Yes  No
- (4) Do you have reliable internet  Yes  No
- (5) The SFMNP Mobile App allows you to access your SFMNP benefit information, purchase history, and find local vendors. Are you interested in downloading this App?  Yes  No
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**Nondiscrimination  
Freedom from discrimination**

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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 Service 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](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

**NOTE: DO NOT MAIL SFMNP Application to this address**

- (2) FAX: (202) 690-7442; or  
(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

***This institution is an equal opportunity provider.***