

WA SENIOR FARMERS MARKET NUTRITION PROGRAM APPLICATION & AFFIDAVIT FOR ELIGIBILITY

***Name:** _____ ***DOB:** _____
(FIRST) (LAST) (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:**
 - **\$28,953 Annual or \$2,413 Monthly Income for 1 person**
 - **\$39,128 Annual or \$3,261 Monthly Income for 2 people**
 - **For larger households, add \$848 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**

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

WA SENIOR FARMERS MARKET NUTRITION PROGRAM - PROXY FORM

Name: _____ DOB: _____
(FIRST) (LAST) (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.

Seniors are encouraged to be active participants in redeeming their benefits and choosing the fresh produce they will buy. If the senior is unable to fully participate in any part of the program due to disability or lack of transportation, they may designate by this proxy form a representative to participate on their behalf.

Name of Representative: _____
(FIRST) (LAST)

Address: _____ Apt #: _____

City: _____ Zip Code: _____ County: _____

Phone: _____

By signing this form, you appoint the above-named representative to represent your interests in the SFMNP. This can include signing the affidavit for eligibility, being issued benefits, receiving nutrition education, and redeeming benefits.

X

Senior Participant Signature

Date

If the senior applicant/participant is unable to sign and has a Durable Power of Attorney in effect, please attach a copy of the DPOA to this document.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by **mail**: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or **fax**: (833) 256-1665 or (202) 690-7442; or **email**: Program.Intake@usda.gov.

This institution is an equal opportunity provider.