

2024 WA Senior Farmers Market Nutrition Program Application & Affidavit for Eligibility

Items marked with an * are required – **Please Print Legibly!**

*Full Legal Name: _____ *Birth Date: _____
Last First Month/Day/Year

*Mailing Address: _____ *Apt #: _____

*City: _____ * Zip code: _____
Must Be in Kitsap County

Daytime Telephone: _____ Email: _____

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:

- You must be 60 years old or older (or 55+ if you are Native American or Alaska Native)
- Your household income must be below 185% of Federal Poverty Level. That means:
 - \$27,861 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 per month for each additional person in the home
- You must be a resident of Washington State and live in Kitsap County

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.

Please see Nondiscrimination Statement included with this application.

* _____
Participant Signature

* _____
Date of Application (Month/Day/Year)

Please answer the questions below – your responses are voluntary

- *1. Do you consider yourself Hispanic/Latino? Yes No
- *2. Please check all that apply: American Indian or Alaska Native African American Asian
 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 access to 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

ALTC



Mail your completed application (one form per envelope) to:

Meals on Wheels Kitsap
2817 Wheaton Way #208
Bremerton, WA 98310

For More Information Call:
360-377-8511 or
toll free 1-888-877-8511

Or visit our
website:
mealsonwheelskitsap.org

***This form is required if an approved senior applicant is unable to purchase the food for themselves and must designate someone to spend their SFMNP benefits on their behalf. Please print.**

Senior Farmers Market Nutrition Program (SFMNP) Proxy Form

Senior participant 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. 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: _____

Address: _____

City: _____ Zip code: _____ County: _____

Phone: (_____) _____ Relationship: _____

By signing this form, you (the senior participant) 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.

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 law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. To file a complaint, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (866) 632-9992 (voice) or (800) 877-8339 (TTY). Complaint can be emailed to program.intake@usda.gov forms can be found on line at: http://www.ascr.usda.gov/complaint_filing_cust.html USDA is an equal opportunity provider and employer.

PLEASE RETAIN FOR YOUR RECORDS

Senior Farmers Market Nutrition Program Participant Rights and Responsibilities

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. It is funded in part by USDA federal funding.

Your Rights

As an applicant/participant of Senior Farmers Market Nutrition Program you have the right:

- to be treated with dignity, respect and without discrimination;
- to be notified in writing within 15 days of application if you are not determined eligible;
- to appeal an ineligibility decision if you feel that determination was made in error;
- to have information you provided kept private unless you request for it to be shared;
- to make a complaint if you feel you have not been treated fairly;
- to have clear directions of how and where to use the benefits you receive;
- to learn about other services that may be available to you. You may contact Senior Information & Assistance if you wish to find out about other services for seniors in your area.

Your Responsibilities

As an applicant/participant of Senior Farmers Market Nutrition Program you have the responsibility:

- to give correct information to the best of your knowledge to determine eligibility;
- to understand that giving false information and/or intentionally concealing facts could result in your paying back benefits or legal action;
- to understand that attempting to collect benefits more than once or at multiple distribution sites during a season will result in termination from the program;
- to consume the fresh produce obtained through this program yourself;
- to safeguard the checks you receive. Please report if they are lost or stolen to the agency who issued your checks. They can not be replaced.
- to redeem your checks with an Authorized Farmer between June 1 and October 31.
- to understand that funding is limited for this program and it is served on a first come, first served basis until funding runs out.

PLEASE RETAIN FOR YOUR RECORDS

Senior Farmers Market Nutrition Program Nondiscrimination Statement

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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](#), (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.

This institution is an equal opportunity provider.