

Application Information for the 2021 Senior Farmers Market Program

The Senior Farmers Market Nutrition Program (SFMNP) provides \$40 worth of checks for eligible seniors to use at farmers markets throughout Kitsap County. The 2021 application process opens on Monday, May 17, 2021 and will close when all checks are distributed.

All applications must be mailed and those postmarked on or before June 11, 2021 will receive priority processing. *No walk-in applications accepted.*

Due to the limited number available, checks are distributed on a first-come, first-served basis. Eligible applicants will receive their checks and other nutrition-related information by mail after June 21, 2021.

Eligible applicants must be:

- 60 years old or older (or 55+ for American Indian/Alaska Native), **AND**
- Resident of Washington State and Kitsap County, **AND**
- Low-income (below 185% of Federal Poverty Level)
 - \$1,986 monthly household income for one person
 - \$2,686 monthly household income for two people
 - For larger households, add \$700 for each additional person

Where to access an application packet:

- **Online for download:**
 - www.mealsonwheelskitsap.org (English)
 - www.agingkitsap.com (Tagalog, Spanish, English)
- **Pick-up during regular business hours at:**
 - Meals on Wheels Kitsap Main Office; 2817 Wheaton Way, Suite 208; Bremerton
 - All Meals on Wheels Kitsap Meals to Go Sites - 11:45 am to 12:15 pm
 - The following foodbanks: Bremerton Foodline, Central Kitsap Food Bank, North Kitsap Fishline, BI Helpline House, Sharenet Food Bank - Kingston, South Kitsap Helpline, St. Vincent de Paul – Bremerton
 - Market Tables at the following Farmer's Markets: Bainbridge Island, Bremerton, Central Kitsap, Port Orchard, Poulsbo, Silverdale
 - All branches of the Kitsap Regional Library

Applications must be mailed. Only one application per envelope. Those postmarked on or before June 11, 2021 will receive priority processing. Mail to:

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

Questions? Please call 360-377-8511 or toll-free 1-888-877-8511.

**WA Senior Farmers Market Nutrition Program
Application & Affidavit for Eligibility - Program Year 2021**

Application must be received by June 11, 2021 for priority processing

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

***Mailing Address:** _____ **Apt #** _____

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

***Daytime Telephone:** _____

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 no more than:
 - o \$23,828 Annual or \$1,986 Monthly Income for 1 person
 - o \$32,227 Annual or \$2,686 Monthly Income for 2 people
 - o For larger households, add \$700 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:**

- o meet all the eligibility requirements above
- o understand checks will be available on a first come, first served basis
- o understand if your form is selected, you will be mailed the SFMNP checks and SFMNP Rights and Responsibilities information

THIS BOX MUST BE COMPLETED: *Items marked with an * are required

* _____ * _____
Participant Signature Date of Application

The USDA requires us to report race and ethnicity information. It is used to learn about who SFMNP serves and does not affect your SFMNP eligibility. Race means the origins of your family or ancestors. Ethnicity means a person's culture. **Please answer the two questions below:**

- *1. Please check all that apply:** American Indian or Alaska Native African American Asian
 Caucasian Native Hawaiian or Other Pacific Islander

***2. Do you consider yourself Hispanic/Latino?** Yes No

MOWKW

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.

PLEASE SEE THE OTHER SIDE OF AFFIDAVIT FOR MORE INFORMATION. →→→→→→→→→→→→→→→→



Mail your completed application (one form per envelope) to:
Meals on Wheels Kitsap **For More Information Call:** **Or visit our**
2817 Wheaton Way #208 **360-377-8511 or** **website:**
Bremerton, WA 98310 **toll free 1-888-877-8511** **mealsonwheelskitsap.org**

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 also 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, 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 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: 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: 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 complaint of discrimination to: (202) 690-7442; or

(3) Email complaint of discrimination to: program.intake@usda.gov

This institution is an equal opportunity provider.

Meals on Wheels Kitsap

2021 Senior Farmers Market Nutrition Program Survey

We are seeking feedback on Senior Nutrition Programs in Kitsap County and invite your participation in this program survey. Please return your completed survey by July 30, 2021 to be entered in a random drawing for \$40 in Safeway/Albertsons gift cards. One name will be drawn on August 2, 2021 and the winner will be notified. Thank you!

1. **Have you used Senior Farmers Market checks before?**
 Yes-If yes, how many years? _____
 No-If no, go to question 5.

2. **How many times did you shop at a Farmers Market in 2020?**
 Never 1-2 times 3-5 times 6 or more times
Location of Farmer's Market most shopped at: _____

3. **Did you use all \$40 worth of checks?**
 Yes No-If no, why? _____

4. **Did you eat more fresh fruits and vegetables because you received Senior Farmers Market checks?**
 Yes No

5. **What would make it possible for you to eat more fruits and vegetables?**

6. **BEFORE COVID-19, how did you get meals? (check all that apply)**
 Purchased food from the grocery store and prepared meals myself
 Friends or family members provided
 Dined at restaurants and/or ordered food for delivery
 Received hot meals at a Meals on Wheels Kitsap community dining site
 From the local food bank
 Ate free meals offered at a local church, community kitchen or homeless shelter
 Grew and harvested fresh produce from personal or community garden
 Other (specify) _____

7. **DURING COVID-19, how did you get meals? (check all that apply)**
 Purchased food from the grocery store and prepared meals myself
 Friends or family members provided
 Dined at restaurants and/or ordered food for delivery
 Curbside pick-up of frozen meals at a Meals on Wheels Kitsap community dining site
 From the local food bank
 Ate free meals offered at a local church, community kitchen or homeless shelter
 Grew and harvested fresh produce from personal or community garden
 Other (specify) _____

(over, please)

8. How will you get meals **AFTER COVID-19? (check all that apply)**
- Will purchase food from the grocery store and prepare meals myself
 - Friends or family members will provide
 - Will dine at restaurants and/or order food for delivery
 - Will eat hot meals at a Meals on Wheels Kitsap community dining site
 - From the local food bank
 - Will eat free meals offered at a local church, community kitchen or homeless shelter
 - Will grow and harvest fresh produce from personal or community garden
 - Other (specify) _____

9. **How did you hear about the Senior Farmers Market Nutrition Program? (check all that apply)**
- I am a current Meals on Wheels Kitsap client
 - I have received Senior Farmers Market checks in the past
 - Friend or family member told me about the program
 - Saw or received flyer at senior center or apartments
 - Food Bank
 - Farmers Market
 - Kitsap Regional Library
 - Meals on Wheels Kitsap website or Facebook page
 - Social Media (Facebook, Instagram, etc.)
 - BKAT
 - Newspaper (which one?) _____
 - Other (specify) _____

10. **Additional comments/suggestions:**

11. **About You**

Name: _____

Daytime Phone #: _____

Age: Under 60 60-69 yrs 70-79 yrs 80+ yrs

Gender: Male Female

Zip code: _____

Ethnicity: African American/Black Asian/Pacific Islander Caucasian/White

Hispanic/Latino Native American/Alaska Native Other _____

Questions?

Contact us at 360-377-8511 or visit www.mealsonwheelskitsap.org