

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**

(MOWKW)

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

**Aplikasyon para sa Senior Farmers Market Nutrition Program
at Apidabit para sa Pagiging Karapat-dapat**

*Pangalan: _____ *Petsa ng Kapanganakan: _____

Address: _____

Bayan: _____ Zip code: _____ County: _____

Telepono: _____

Ang Senior Farmers Market Nutrition Program (SFMNP) o Programa ng Nutrisyon para sa Senior Citizen sa Merkado ng Magsasaka ay nagtutustosng preskong prutas at mga gulay sa mga senior citizen na may mas mababang kita na may layuning pagpapabuti ng estado ng kanilang kalusugan at nutrisyon. Sumusuporta rin ito sa lokal na pagsasaka sa pamamagitan ng pagpapadalas sa paggamit ng merkado ng mga magsasaka at mga tindahan sa tabing daan.

Upang maging angkop para sa SFMNP, kailangang matugunan ninyo ang lahat sa mga sumusunod:

- Kailangang kayo ay 60 anyos o higit (o 55+ kung kayo ay Katutubong Amerikano/Katutubo ng Alaska)
- Ang inyong kita ay kailangang mababa sa 185% ng Federal Poverty Level (Antas ng Kahirapan sa Federal). Ang ibig sabihin niyan
 - \$23,828 Taunan o \$1,986 Buwanang Kita para sa 1 tao
 - \$32,227 Taunan o \$2,686 Buwanang Kita para 2 tao
 - Para sa mas malalaking sambahayan, dagdagan ng \$700 para sa bawat karagdagan tao
- Kailangang kayo ay residenteng Estado ng Washington

Sa pamamagitan ng paglagda sa form na ito, pinapatunayan ninyong natutugunan niyo ang lahat ng mga rekisito para sa kwalipikasyon sa taas at inaaminna binigyan kayo ng impormasyon tungkol sa mga Karapatan at Responsibilidad sa SFMNP.

* _____

Lagda ng Kalahok

* _____

Petsa

Pakisagutan ang dalawang tanong sa ibaba:

1. *Mangyaring tsekan ang lahat ng angkop:

- Amerikanong Indyan o Katutubo ng Alaska
- Asyano
- Afrikano Amerikano
- Puti
- Katutubong Hawayano o Iba pang Tagapulong Pasipiko (Pacific Islander)

2. Itinuturing mo baa ng sarili mo bilang Hispaniko/Latino? Oo Hindi



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

Alinsunod sa batas ng Federal at polisiya ng U.S. Department of Agriculture, ang institusyong ito ay pinagbabawalan sa pagtatangi-tangi base sa lahi, kulay, bansang pinagmulan, kasarian, edad, kapansanan, o paghihiganti para sa aktibidad dati sa mga karapatang sibil sa anumang programa o aktibidad na ginagawa o pinopondohan ng USDA. Mangyaring tingnan ang kabilang bahagi ng apidabit para sa higit pang impormasyon.

Pahayag ng Kawalan ng Diskriminasyon Pagiging malaya mula sa diskriminasyon

Pinagbabawalan ang institusyon na ito mula sa pandiskrimina sa basehan ng kasarian, lahi, paniniwala, relihiyon, kulay, bansang pinagmulan, edad, katayuan bilang beterano o military, sekswal na oryentasyon, kapansanan o ang paggamit ng isang gabay na aso o sinanay na service animal (isang naglilingkod na hayop na hiwalay na sinanay upang gumawa o gawin ang mga gawain para sa kapakinabangan ng isang indibiduwal na may kapansanan.) (RCW 49.60.030)

USDA

Alinsunod sa Pederal na batas sa mga karapatang sibil at mga regulasyon at patakaran sa mga karapatang sibil ng Kagawaran ng Agrikultura ng Estados Unidos (U.S. Department of Agriculture, USDA), ang USDA, ang mga Ahensiya nito, mga opisina at mga empleyado, at ang mga institusyon na lumalahok o nangangasiwa sa mga programa ng USDA ay pinagbabawalan din mula sa pandiskrimina batay sa lahi, kulay, bansang pinagmulan, kasarian, kapansanan, edad o paghihiganti para sa aktibidad dati sa mga karapatang sibil sa anumang programa o aktibidad na ginagawa o pinopondohan ng USDA.

Ang mga taong may mga kapansanan na kailangan ng mga alternatibong paraan ng pakikipag-ugnayan para sa impormasyon ng programa (hal. Braille, malaking letra, audiotape, American Sign Language, atbp.), ay dapat makipag-ugnayan sa Ahensiya (Estado o lokal) kung saan sila nag-apply para sa mga benepisyo. Ang mga indibiduwal na bingi, may kapansanan sa pandinig o pagsasalita ay maaaring makipag-ugnayan sa USDA sa pamamagitan ng Pederal na Relay Service sa (800) 877-8339. Bilang karagdagan, maaaring makuha ang impormasyon sa mga wika na maliban sa Ingles.

Upang magsampa ng reklamo sa diskriminasyon sa isang programa, kumpletuhin ang Form ng Reklamo sa Diskriminasyon sa Programa ng USDA, (AD-3027) na makikita sa online sa: http://www.ascr.usda.gov/complaint_filing_cust.html, at sa anumang opisina ng USDA, o sumulat na naka-address sa USDA at ibigay sa sulat ang lahat ng impormasyong hiniling sa form. Upang humiling ng kopya ng form ng reklamo, tumawag sa (866) 632-9992. Isumite ang inyong nakumpletong form o sulat sa USDA sa pamamagitan ng:

- (1) **Ipadala ang reklamo sa diskriminasyon sa:** U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) I-fax ang **reklamo sa diskriminasyon sa:** (202) 690-7442; o
- (3) I-email ang **reklamo sa diskriminasyon sa:** program.intake@usda.gov.

Ang institusyon na ito ay isang tagabigay ng serbisyo na nagbibigay ng patas na pagkakata

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