



DISABLE/HANDICAP FARMER'S MARKET

2019 APPLICATION Revised 4/1/19

1. NAME: _____ AGE: _____ DOB: _____

2. MAILING/PHYSICAL ADDRESS: _____

3. PHONE NUMBER: _____

4. COMMUNITY: _____ TRIBAL ID # _____

5. PROOF OF DISABILITY (TPQY-Benefit Verification from Social Security Office)

YES NO

6. PLEASE LIST TWO PROXIES: _____

7. LIST ALL HOUSEHOLD MEMBERS (ALL THOSE WHO LIVE IN THE SAME HOUSE):

RIGHTS AND OBLIGATIONS

I have been advised of my rights and obligations under the program. I certify that the information I have provided for myself/my spouse's eligibility determination is correct, to the best of my knowledge. Program staffs may verify information given in the application. I understand that intentionally making false or misleading statements, or intentionally misrepresenting, concealing or withholding facts, may result in my paying back the Program, in cash, the value of the benefits improperly issued to myself/my spouse and may result in my being brought to civil or criminal prosecution under State/Tribal and Federal Laws. My signature below affirms that I have read and understood all sections of this Disable/Handicap Farmer's Market application, and that I have been given instructions on the Fair Hearing procedure.

Applicant's Signature

Date

OFFICE USE ONLY:

DATE RECEIVED _____ ID# ASSIGNED _____ DATE ID CARD ISSUED _____

REQUIRED DOCUMENTS COPIES RECEIVED _____

ELIGIBLE _____ INELIGIBLE _____ REASON _____

SIGNATURE

DATE

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