



**SENIOR/ELDERLY FARMERS' MARKET
NUTRITION PROGRAM
2019 APPLICATION FORM**

NAME: _____ **AGE:** _____ **DOB:** _____ **COMMUNITY:** _____

Are you Hispanic or Latino? ___ Not Hispanic or Latino ___

Select **ONE** or **MORE** of the racial categories: Are you, Native American or Alaska Native? _____

___ White? ___ Asian? ___ Black or African American? ___ Native Hawaiian or Pacific Islander?

1. **MAILING/PHYSICAL ADDRESS:** _____

2. **PHONE NUMBER:** (____) _____ (____) _____

3. **PROOF OF I.D.** Tribal/State Identification Card Driver's License Work Badge CHC Face Sheet

4. **Please check any of the following program benefits your household is currently receiving:**

SNAPS (formerly Food Stamps) FDPIR (Food Distribution Program on Indian Reservation)

5. **My Monthly income does not exceed:** _____ **\$1,872** _____ **\$3,870**
 (You may be asked to present income documentation) _____ **\$2,538** _____ **\$4,536**
 _____ **\$3,204** _____ **\$5,202**

6. **PLEASE LIST TWO PROXIES:**

7. **Are you currently a participant for another Farmers' Market benefit program?** ___ Yes ___ No
If Yes, please list Program Name _____

RIGHTS AND OBLIGATIONS AND INCOME AFFIDAVIT

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. This application is being submitted in connection with the receipt of Federal Assistance. 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 Senior Farmer's Market Program application, and that I have been given instructions on the Fair Hearing procedure.

 Applicant's Signature

 Date

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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. 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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

OFFICE USE ONLY:

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

ELIGIBLE _____ INELIGIBLE _____ REASON _____

 STAFF SIGNATURE

 DATE