

Check Range # _____ to _____

Program Year **2022**

WA Senior Farmers Market Nutrition Program Application & Affidavit for Eligibility

*Name: _____ *Birth date (month/day/year): _____

Address: _____ Apt #: _____

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.

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 /Alaska Native)

Your income must be below 185% of Federal Poverty Level. That means:

- **\$25,142 Annual or \$2,096 Monthly Income for 1 person**
- **\$33,874 Annual or \$2,823 Monthly Income for 2 people**
- **For larger households, add \$728 for each additional person**

You must be a resident of Washington State

By signing this form, you certify that you meet the all the eligibility requirements above and acknowledge that you have been given SFMNP Rights and Responsibilities information.

* _____
Participant Signature

* _____
Date

Please answer the two questions below:

1. Do you consider yourself Hispanic/Latino? Yes No
2. *Please check all that apply: American Indian or Alaska Native Asian African American
 Caucasian Native Hawaiian or Other Pacific Islander

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, 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 the affidavit for more information.

Nondiscrimination

Freedom from discrimination

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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](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (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.