

Participant Application
Senior Farmers' Market Nutrition Program

03-2016

PURPOSE

To certify and document the eligibility of program applicants for the Senior Farmers' Market Nutrition Program (SFMNP) benefits.

PROCEDURE

When to Prepare

Form H1430 is completed at the time of the program applicant's initial application for benefits.

How to Obtain Forms

To obtain copies of Form H1430 visit the TDA website at:
www.squaremeals.org.

Number of Copies

The distributing agency keeps one copy.

Transmittal

Maintain in files for review.

Form Retention

Keep Form H1450 for three years from the end of the fiscal year. **Exception:** If audit findings, claims or litigation have not been resolved by the end of the retention period, all forms and records must be retained until all issues are resolved.

DETAILED INSTRUCTIONS

Applicant Information

Name of Applicant — The Eligibility Specialist (ES) must ensure that the complete name of the applicant is entered.

Site Name — The ES must ensure that the site name is entered as established by the contracting organization.

Date of Birth — Applicant must be at least 60 years of age. The ES must verify the applicant's date of birth. The following are items considered valid documents for proof of date of birth:

- birth certificate
- baptismal certificate
- health card
- driver's license
- military ID
- passport
- refugee visa

Address (Street, City, State, ZIP Code) — Application must live in the service area of the local agency. The ES must verify the applicant's address. The following items are considered valid forms of proof of eligible residence (ZIP code):

- current utility bill at stated address with the applicant's name or parent/caretaker's name on it
- mail received by the applicant at the stated address with a post mark during the last 30 days
- lease and current month rent receipts

Area Code and Telephone No. — Enter the area code and telephone number of the applicant.

Note: Although a telephone number is helpful, it is not required for participation in the SFMNP.

Total number of household members – Enter the number of persons living in the same household as applicant.

Note: When counting household members, the ES will include all related and non-related individuals, exclusive of boarders, who are not residents of an institution, but who live as one economic unit and for whom food is customarily purchased and prepared in common.

Total gross income (before deductions) of all household members – Enter the amount of income for household. Indicate whether it is weekly, monthly or yearly by checking the appropriate box.

Do any of your household members currently receive SFMNP benefits...-

If another household member is receiving SFMNP benefits, please list local service site.

Race — Check the appropriate box.

Ethnicity – Check the appropriate box.

Certification — The ES must ensure that the applicant reads the statement, or the ES must read the statement to the applicant. This statement explains that federal assistance will be received based on the information provided by the applicant, that this information may be verified and that the intentional submission of incorrect information could subject the applicant to criminal prosecution.

If the ES determines that the applicant is ineligible to participate in the SFMNP, the ES must advise the applicant that they are ineligible and make sure the box for the applicant indicating ineligibility is checked. Information on how to request a fair hearing must be provided (Form 1435, *Application Notification*).

Signature of Applicant — The applicant must sign and date the application.

Date – Enter the date the applicant signs the H1430.

Name of Proxy — The applicant may name a proxy who will redeem the vouchers at farmers' markets. Print the proxy's name in the box.

Nondiscrimination — The applicant must read or be read the nondiscrimination statement.

To Be Completed by Program Staff:

Eligibility — Each applicant must meet the age, income and residential eligibility criteria of the SFMNP, that is, each eligibility item must be yes. The ES must determine the applicant's eligibility as follows:

- **Income** – The federal income eligibility guidelines are the sole criteria for determining income eligibility. Maximum allowable income limits are at or below 185% of federal poverty level. Applicants may self-declare their income or provide income verification.
- **Age** – the applicant must be at least 60 years of age.
- **Residence** – The applicant must reside in one of the eligible service areas, identified by the Texas Department of Agriculture.

Determination – If the applicant is eligible, check the Eligible box. If the applicant is eligible but needs to be placed on a waiting list, check the Eligible – Waiting list box. If the applicant does not meet all three eligibility criteria, check the Not Eligible box. The applicant must receive a copy of Form H1435, *Application Notification*, at the time of application or no later than 15 days after applying for the program.

Date Application Notification and Fair Hearing Rights were given – the applicant must be provided with a copy of Form H1435 regardless of the approval status of the applicant. Enter the date the application was provided Form H1435.

Determination Date — The ES must record the date when they complete the program staff section of the application.

Date of Applicant's Initial Visit — The ES must record the date when the applicant initially inquired, in person, about participation in the SFMNP.

Signature of Individual Making Determination — The ES must sign the form.

Name of Eligibility Specialist — Print the name of the eligibility specialist.