

Senior Farmers' Market Nutrition Program Participant Application

Applicant Information

Name of Applicant:	LAST	FIRST	MIDDLE INITIAL	Site Name:
Street Address	Apt. #	City	State	Zip Code
				Date of Birth:
				Telephone:
Total number of household members: _____				
Total gross income (before deductions) of all household members: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly				
Note: SNAP (Supplemental Nutrition Assistance Program) does not count as income.				
Do any of your household members currently receive SFMNP benefits from another site? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list the site name:				
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				
Race: Applicants of multiple racial categories may be categorized in more than one racial group. Mark all that apply:				
<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White				

Certification: This certification form is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal laws. I have been advised of my rights and obligations under the Program, including the right to appeal any decision made by the local agency regarding my denial or termination from the Program. I understand that the local agency will make nutrition education available to me and I am encouraged to participate. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I have been advised in writing that I am ineligible to participate in the Senior Farmers' Market Nutrition Program and have the right to a fair hearing. I am ineligible to participate based on the following criteria: **Income** **Age** **Residency (in service area)**

Signature of Applicant	Date	Name of Proxy (If applicable) (please print)
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Nondiscrimination: 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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider.

TO BE COMPLETED BY PROGRAM STAFF

<p>ELIGIBILITY: Income self-declared <input type="checkbox"/> Yes <input type="checkbox"/> No Income verification (if offered) <input type="checkbox"/> Social Security <input type="checkbox"/> Pay Stub <input type="checkbox"/> Income Tax Return <input type="checkbox"/> Bank Statement Age <input type="checkbox"/> Yes <input type="checkbox"/> No Residency in service area <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>DETERMINATION: <input type="checkbox"/> Eligible <input type="checkbox"/> Eligible – Waiting List <input type="checkbox"/> Not Eligible</p> <p>Date the Application Notification, including the Applicant Agreement, Rights, Obligations and Fair Hearing Request, were given: _____</p>	<p>Determination Date: _____</p> <p>Date of Applicant's Initial Visit: _____</p> <p>_____ Signature of Eligibility Specialist</p> <p>_____ Name of Eligibility Specialist (Print)</p>
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