



## Senior Farmers' Market Nutrition Program (SFMNP) 2020 Season Application for Eligibility

\*Name: \_\_\_\_\_ \*Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Zip code: \_\_\_\_\_ \*Phone Number: (\_\_\_\_\_) \_\_\_\_\_

The Senior Farmers' Market Nutrition Program (SFMNP) provides fresh fruit and vegetables to lower-income seniors with the goal of improving health and nutritional status. It also supports local farming by increasing the use of farmers markets and roadside stands.

To determine eligibility, please check all that apply:

\*I am 60 years old or older as of September 30, 2020.

\*I currently live in Alaska.

\*I meet one of the following conditions:

**Option 1:** I participate in one of following programs; CSFP, TEFAP, Alaska Senior Benefit Program or Supplemental Nutrition Assistance Program ("food stamps")

**Option 2:** I live in a household with someone who participates in WIC, CSFP, Reduced or Free School Meals

**Option 3:** My income is below 185% of Federal Poverty Level (see back of page)

This information may be shared with the USDA and is used to learn about who our program serves and it does not affect your SFMNP eligibility.

1. **Do you consider yourself Hispanic/Latino?**  Yes  No

2. **Please check all that apply:**

American Indian or Alaska Native  White/Caucasian  Asian  Other

Native Hawaiian or Other Pacific Islander  Black or African American

**By signing this form, you certify that the information you provided on this form is complete as accurate to the best of your knowledge and that you have read and agree to the SFMNP Rights and Responsibilities information listed below:**

I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

\_\_\_\_\_  
\*Participant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\*Date

*Agency Use Only:*

Coupons Issued: \_\_\_\_\_ to \_\_\_\_\_ Representative Initials: \_\_\_\_\_

**\* Items marked by \* are mandatory**

Revised 4/21/2020

## Senior Farmers' Market Nutrition Program (SFMNP) 2020 SFMNP Income Eligibility Guidelines for Alaska

To be eligible for the Senior Farmers' Market Nutrition Program, you must:

- 1) Be at least 60 years old on or before September 30, 2020,
- 2) Be a resident of Alaska and
- 3) Fulfill one of the income qualifiers listed below.

To meet the income requirements you must meet one of the following conditions:

- Are actively participating in one of following programs; CSFP, TEFAP, Alaska Senior Benefit Program or Supplemental Nutrition Assistance Program ("food stamps")
- If you are currently living in a household with someone who participates in WIC, CSFP, Reduced or Free School Meals
- If your current income is below 185% of Federal Poverty Level as shown in the chart below.

### In effect from May 1, 2020 to September 30, 2020

Household Size:	Annual Income:	Monthly Income:
<b>1</b>	\$29,508	\$2,459
<b>2</b>	\$39,868	\$3,323
<b>3</b>	\$50,228	\$4,186
<b>4</b>	\$60,588	\$5,049
<b>5</b>	\$70,948	\$5,913
<b>6</b>	\$81,308	\$6,776
<b>7</b>	\$91,668	\$7,639
<b>8</b>	\$102,028	\$8,503
For Each Additional Family Member Add:	\$10,360	\$864

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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](#), (AD-3027), found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

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