Senior Farmers' Market Nutrition Program (SFMNP)

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 their 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 ***
- ☐ **I am a resident of 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 (SNAP 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

The USDA requires us to report race and ethnicity information. It is used to learn about who SFMNP serves and does not affect your SFMNP eligibility. Race means the origins of your family or ancestors. Ethnicity means a person's culture. 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 ☐ White ☐ 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 been given a copy or an opportunity to view the SFMNP Rights and Responsibilities information.

_____ _____ / _____ / _____

Participant 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, 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 discrimination complaint, 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.

** Items marked by * are mandatory*

revised 11/5/2015