

Application Information for the 2019 Senior Farmers Market Program

The Senior Farmers Market Nutrition Program (SFMNP) provides \$40 worth of checks for eligible seniors to use at Farmers Markets throughout Kitsap County. The 2019 application process opens on Monday, May 6th and will close when all checks are distributed.

All applications must be mailed and those postmarked on or before June 3, 2019 will receive priority processing. *No walk-in applications accepted.*

Due to the limited number available, checks are distributed on a first-come, first-served basis. Eligible applicants will receive their checks and other nutrition-related information by mail after June 17, 2019.

Eligible applicants must be:

- 60 years old or older (or 55+ for American Indian/Alaska Native), **AND**
- Resident of Washington State and Kitsap County, **AND**
- Low-income (below 185% of Federal Poverty Level)
 - \$1,926 monthly household income for one person
 - \$2,607 monthly household income for two people
 - For larger households, add \$681 for each additional person

Application packets are available for pickup during regular business hours at:

- Meals on Wheels Kitsap Main Office; 2817 Wheaton Way, Suite 208; Bremerton
- All Meals on Wheels Kitsap Community Dining Sites
- Kitsap County Aging & Long Term Care-Givens Community Center; 1026 Sidney Ave., Suite 105; Port Orchard
- All branches of the Kitsap Regional Library
- Bremerton Food Line, Central Kitsap Food Bank, North Kitsap Fishline, BI Helpline House, Sharenet Food Bank, South Kitsap Helpline
- Application form available for download at mealsonwheelskitsap.org

Applications must be mailed and those postmarked on or before June 3, 2019 will receive priority processing. Mail to:

Meals on Wheels Kitsap
2817 Wheaton Way, Suite 208
Bremerton, WA 98310

Only one application form per envelope.

Questions? Please call 360-377-8511 or toll-free 1-888-877-8511.

WA Senior Farmers Market Nutrition Program Application & Affidavit for Eligibility - Program Year 2019

Must be received by June 3, 2019 for priority processing

*Last Name: _____ *First Name: _____ *Birth Date: _____
Month/Day/Year

*Mailing Address: _____ Apt # _____

*City: _____ *Zip code: _____

Must be in Kitsap County

*Daytime Telephone: _____

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 or Alaska Native)
- Your household income must be no more than:
 - o \$23,107 Annual or \$1,926 Monthly Income for 1 person
 - o \$31,284 Annual or \$2,607 Monthly Income for 2 people
 - o For larger households, add \$681 per month for each additional person in the home
- You must be a resident of Washington State and live in Kitsap County

*By signing this form, you certify that you:

- o meet **all** the eligibility requirements above
- o understand checks will be available on a first come, first served basis
- o understand **if** your form is selected, you will be mailed the SFMNP checks and SFMNP Rights and Responsibilities information

THIS BOX MUST BE COMPLETED: *Items marked with an * are required

* _____
Participant Signature

* _____
Date of Application

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

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 or 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. →→→→→→→→→→→→→→→→



Mail your completed application (one form per envelope) to:

Meals on Wheels Kitsap
2817 Wheaton Way #208
Bremerton, WA 98310

For More Information Call:
360-377-8511 or
toll free 1-888-877-8511

Or visit our
website:
mealsonwheelskitsap.org

Senior Farmers Market Nutrition Program Nondiscrimination Statement

Freedom from discrimination

This institution is prohibited from discriminating on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, disability, or the use of a dog guide or trained service animal (a service animal is an animal that is individually trained to do work or perform tasks for the benefit of an individual with a disability). (RCW 49.60.030)

USDA Nondiscrimination Statement

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 also 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 complaint of discrimination to: 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 complaint of discrimination to: (202) 690-7442; or

(3) Email complaint of discrimination to: program.intake@usda.gov

This institution is an equal opportunity provider.