

Applications Open, Monday May 16, 2022

2022 Senior Farmers Market Program

CHECK AMOUNT INCREASED TO \$80!

The Senior Farmers Market Nutrition Program (SFMNP) provides nutrition to income eligible seniors via checks to be used at approved farmers markets. We are excited to announce that 2022 eligible applicants may elect to receive \$80 of checks! Please remember that this program is first come, first served until all the checks have been distributed.

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)
 - \$25,142 Annual or \$2,096 Monthly Income for 1 person
 - \$33,874 Annual or \$2,823 Monthly Income for 2 people
 - For larger households, add \$728 for each additional person

Where to access an application packet:

- **Online for download:**
 - www.mealsonwheelskitsap.org (Tagalog, Spanish, English)
 - www.agingkitsap.com (Tagalog, Spanish, English)
- **Pick-up during regular business hours at:**
 - Meals on Wheels Kitsap Main Office; 2817 Wheaton Way, Suite 208, Bremerton
 - All Meals on Wheels Kitsap Meals to Go Sites - 11:45 am to 12:15 pm
 - The following foodbanks: Bremerton Foodline, Central Kitsap Food Bank, North Kitsap Fishline, Bainbridge Island Helpline House, Sharenet Food Bank - Kingston, South Kitsap Helpline, St. Vincent de Paul – Bremerton
 - Market Tables at the following Farmer's Markets: Bainbridge Island, Bremerton, Port Orchard, Poulsbo, Silverdale
 - All branches of the Kitsap Regional Library

Applications must be mailed. Only one application per envelope. Mail to:

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

No walk-in applications accepted. **To have the best chance of receiving the checks, please send in your application promptly!** We will begin distributing checks and nutrition information by mail starting June 21, 2022, and weekly, thereafter.

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

WA Senior Farmers Market Nutrition Program Application & Affidavit for Eligibility

\$80 Benefit Available Program Year 2022- Please Check Box!

☐ Please send me \$80 in SFMNP Checks OR ☐ Please send me \$40 in SFMNP Checks

*Items marked with an * are required

*Full Legal Name: _____ *Birth Date: _____
(Please Print) Last First 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 below 185% of Federal Poverty Level. That means:
 - \$25,142 Annual or \$2,096 Monthly Income for 1 person
 - \$33,874 Annual or \$2,823 Monthly Income for 2 people
 - For larger households, add \$728 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:

- meet all the eligibility requirements above
- understand checks will be available on a first come, first served basis
- 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 (Month/Day/Year)

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 ☐ African American ☐ Asian
☐ Caucasian ☐ Native Hawaiian or Other Pacific Islander

MOWK Web

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 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

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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: <https://www.usda.gov/oascr/how-to-file-a-rogram-discrimination-complaint>, 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;
NOTE: DO NOT MAIL SFMNP Application to this address
- (2) **Fax:** (202) 690-7442; or
- (3) **Email:** program.intake@usda.gov

This institution is an equal opportunity provider.