

WA Senior Farmers Market Nutrition Program Application & Affidavit for Eligibility \$80 Card Benefit Program Year 2023

Items marked with an * are required – Please Print Legibly!

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

*Mailing Address: _____ *Apt #: _____

*City: _____ * Zip code: _____
Must Be In Kitsap County

Daytime Telephone: _____ Email: _____

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:
 - \$26,973 Annual or \$2,248 Monthly Income for 1 person
 - \$36,482 Annual or \$3,040 Monthly Income for 2 people
 - For larger households, add \$792 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 benefits will be available on a first come, first served basis
- understand if your form is selected, you will be mailed the SFMNP card 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 Nondiscrimination Statement included with this application. Proxy designation form on back. Please complete as needed.



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 Proxy Form

***Required if an approved senior applicant is unable to purchase the food for themselves and must designate someone to spend their SFMNP benefits on their behalf. Please print.**

Senior participant name: _____ Birth date: _____

Address: _____

City: _____ Zip code: _____ County: _____

Phone: (_____) _____

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. Seniors are encouraged to be active participants in redeeming their benefits and choosing the fresh produce they will buy. If the senior is unable to fully participate in any part of the program due to disability or lack of transportation, they may designate by this proxy form a representative to participate on their behalf.

Name of Representative: _____

Address: _____

City: _____ Zip code: _____ County: _____

Phone: (_____) _____ Relationship: _____

By signing this form, you (the senior participant) appoint the above named representative to represent your interests in the SFMNP. This can include signing the affidavit for eligibility, being issued benefits, receiving nutrition education, and redeeming benefits.

Senior Participant Signature

Date

If the senior applicant/participant is unable to sign and has a Durable Power of Attorney in effect, please attach a copy of the DPOA to this document.

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. To file a complaint, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (866) 632-9992 (voice) or (800) 877-8339 (TTY).

Complaint can be emailed to program.intake@usda.gov forms can be found on line at:

http://www.ascr.usda.gov/complaint_filing_cust.html USDA is an equal opportunity provider and employer.

Meals on Wheels Kitsap

2023 Senior Farmers Market Nutrition Program Survey

We are seeking feedback on Senior Nutrition Programs in Kitsap County and invite your participation in this survey. **Please return completed survey with your application by August 4, 2023 to be entered in a random drawing for a \$50 VISA gift card.**

One name will be drawn on August 7, 2023 and the winner will be notified. Thank you!

1. **Have you received Senior Farmers Market checks before?**

Yes-how many years? _____

No-go to question 6.

2. **How many times did you shop at a farmer's market or farm stand in 2022?**

Never 1-2 times 3-5 times 6 or more times

Name or location of farmer's market or farm stand most shopped at:

3. **Did you use all your checks?**

Yes No-If no, why not?

4. **Did you eat more fresh fruits and vegetables because you received Senior Farmers Market checks?**

Yes No

5. **Did you buy a fresh fruit or vegetable that you hadn't tried before?**

Yes--If yes, what was it and will you continue to buy and eat it? _____

No-If no, what fruit and/or vegetable do you buy most? _____

6. **Are you a SNAP client?** Yes No-If not, please see attached information.

7. **Will you continue to shop at the farmers market after you spend your \$80 in benefits?**

Yes No-If no, why not? _____

8. **Do you get hot or frozen meals at any of Meals on Wheels Kitsap's Community Dining sites?**

Yes No-If no, why not? _____

9. **How do you currently get meals? (check all that apply)**

I purchase food from the grocery store and prepare meals myself.

Friends or family members provide.

I dine at restaurants and/or order food for delivery.

From the local food bank

I eat free meals offered at a local church, community kitchen or homeless shelter.

I grow and harvest fresh produce from personal or community garden.

Other (specify) _____

(over, please)

10. How did you hear about the Senior Farmers Market Nutrition Program? (check all that apply)

- I am a current Meals on Wheels Kitsap client
- I have received Senior Farmers Market checks in the past
- Friend or family member told me about the program
- Saw or received flyer at senior center or apartments
- Food Bank
- Farmers Market Community Information Booth
- Kitsap Regional Library
- Meals on Wheels Kitsap website or Facebook page
- Social Media (Facebook, Instagram, etc.)
- BKAT
- Newspaper (which one?) _____
- Other (specify) _____

11. Additional comments/suggestions:

12. About You

Name: _____

Daytime Phone #: _____

Email: _____

Age: Under 60 60-69 yrs 70-79 yrs 80+ yrs

Gender: Male Female

Zip code: _____

Ethnicity: African American/Black Asian/Pacific Islander Caucasian/White
 Hispanic/Latino Native American/Alaska Native Other _____

Questions or need survey in Spanish or Tagalog?
Contact us at 360-377-8511 or toll-free at 888-877-8511
or visit www.mealsonwheelskitsap.org



Senior Farmers Market Nutrition Program Nondiscrimination Statement

Please keep this copy for your records.

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, 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-program-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.

10 Facts for Seniors (60 or above) and People with Disabilities About Basic Food

Fact #1: If you are a senior, 60 or above, you may be eligible for Basic Food even if you are employed or retired, receiving Social Security or have other income.

Fact #2: Basic Food is a nutrition assistance program; it helps people who meet the income limits buy nutritious foods.

Fact #3: If you are at least age 60 or disabled, and have no earned income, you may qualify for a simplified process that certifies your benefits for up to 24 months. Your interview may also be waived when you recertify.

Fact #4: Some people think that if you have a car or money in the bank then you can't qualify for Basic Food. DSHS will decide your eligibility based on income, and while we may ask about resources, this is usually not used to decide if you qualify.

Fact #5: Basic Food is now given on an Electronic Benefit Transfer, or EBT, card. An EBT card is much like a debit card and can be used at almost all grocery stores.

Fact #6: Unused Basic Food benefits roll over. This means if you do not use all of your benefits in one month, they will carry over to the next month for you to use!

Fact #7: You can name someone to use your EBT card on your behalf if you are unable to get out of the house to shop.

Fact #8: You can use Basic Food EBT benefits at farmers markets. You can also use your EBT benefits to buy food-producing plants and seeds.

Fact #9: If you qualify for Basic Food, you may also qualify for other services such as discounted telephone services from Lifeline's Free Cell Phone Assistance or the King County Reduced Fare ORCA Lift Cards.

Fact #10: Applying for Basic Food is easy! You can apply for Basic Food benefits:

- 1) Online at www.WashingtonConnection.org;
- 2) With a paper application by fax or mail;
Fax: 1-888-338-7410
Mailing address:
DSHS Customer Service Center
PO Box 11699
Tacoma, WA 98411-6699
- 3) Or in person at a local community service office. To find the nearest CSO, go to <https://www.dshs.wa.gov/office-locations>.

For more information about Basic Food, and to apply, call **877-501-2233**.

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DSHS 22-1610 (Rev. 9/20)



For help applying for Basic Food contact:

Bremerton Community Services Office
4701 Auto Center Blvd
Bremerton, WA 98312
877-501-2233

