

2025 WA Senior Farmers Market Nutrition Program Application & Affidavit

Program dates are from June 1st to October 31st.

Benefit cards will be mailed AFTER June 1st

ALL APPLICATIONS MUST BE MAILED TO MEALS ON WHEELS KITSAP

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:
 - \$28,953 Annual or \$2,413 Monthly Income for 1 person
 - \$39,128 Annual or \$3,261 Monthly Income for 2 people
 - For larger households, add \$848 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 and acknowledge that you have been given SFMNP Rights and Responsibilities information.

Please see Nondiscrimination Statement included with this application.

* _____
Participant Signature

* ____/____/____
Date of Application (Month/Day/Year)

Please answer the questions below – your responses are voluntary

- *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

WEB



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

***This form is 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 Farmers Market Nutrition Program (SFMNP) Proxy Form

Senior Participant Name: _____ Birth Date: ____/____/____
Last First Month/Day/Year

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

_____/_____/_____
Month/Day/Year

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 civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by **mail**: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or **fax**: (833) 256-1665 or (202) 690-7442; or **email**: Program.Intake@usda.gov.

PLEASE RETAIN FOR YOUR RECORDS

Senior Farmers Market Nutrition Program Participant Rights & Responsibilities

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. It is funded in part by USDA federal funding.

Your Rights

As an applicant/participant of SFMNP you have the right:

- to be treated with dignity, respect and without discrimination;
- to be notified in writing within 15 days of application if you are not determined eligible;
- to appeal an ineligibility decision if you feel that determination was made in error;
- to have information you provided kept private unless you request for it to be shared;
- to make a complaint if you feel you have not been treated fairly;
- to have clear directions of how and where to use the benefits you receive;
- to learn about other services that may be available to you. You may contact Senior Information & Assistance if you wish to find out about other services for seniors in your area.

Your Responsibilities

As an applicant/participant of SFMNP you have the responsibility:

- to give correct information to the best of your knowledge to determine eligibility;
- to understand that giving false information and/or intentionally concealing facts could result in your paying back benefits or legal action;
- to understand that attempting to collect benefits more than once or at multiple distribution sites during a season will result in termination from the program;
- to consume the fresh produce obtained through this program yourself;
- to safeguard the benefits you receive. Please report if they are lost or stolen to the agency who issued your benefits; lost or stolen benefit cards may be replaced by the issuing agency;
- to redeem your benefits with an Authorized Farmer between June 1 and October 31;
- to understand that funding is limited for this program and it is served on a first come, first served basis until funding runs out.

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.

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This institution is an equal opportunity provider.

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Senior Farmers Market Nutrition Program Nondiscrimination Statement

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, disability or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Please see below for more information.

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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