

WA Senior Farmers Market Nutrition Program Application & Affidavit

***Name:** _____ ***Birthdate (month/day/year):** ____/____/____
(First Name) (Last Name) (Month) (Day) (Year)

Address: _____ **Apt #:** _____

***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.

To be eligible for the SFMNP, you must meet all of the following:

- 1. You must be 60 years old or older (55+ if you are Native American/Alaska Native)**
- 2. Your 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 for each additional person**
- 3. You must be a resident of Washington State**

By signing this form, you certify that you meet the all the eligibility requirements above and acknowledge that you have been given SFMNP Rights and Responsibilities information.

* _____

Participant Signature

* _____

Date

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

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.

Nondiscrimination

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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, audiotope, 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:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

Mail to:

LMTAAA
2404 Heritage CT SW
Olympia, WA 98502

Call:

360-664-2168

Website:

www.lmtaaa.org

Fax:

360-664-0791