



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:**
 - **\$29,526 Annual or \$2,461 Monthly Income for 1 person**
 - **\$40,034 Annual or \$3,337 Monthly Income for 2 people**
 - **For larger households, add \$876/monthly income for each additional person**
- 3. You must be a resident of Washington State**

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.

* _____
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

African American

Asian

Caucasian

Native Hawaiian or Other Pacific Islander

3. People on Apple Health may be eligible for new food assistance programs later this year. Would you like to hear more when they become available?

Yes

No

MAIL COMPLETED AND SIGNED APPLICATIONS TO:

Lewis-Mason-Thurston Area Agency on Aging
2404 Heritage Court SW, Olympia WA 98502

FOR QUESTIONS, CALL: 360-664-2168, Option 2

TO FAX, DIAL: 360-664-0791

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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

