

## WA Senior Farmers Market Nutrition Program Application & Affidavit for Eligibility

\*Name: \_\_\_\_\_ \*Birth date (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:

**You must be 60 years old or older (or 55+ if you are Native American /Alaska Native)**

**Your 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 for each additional person**

**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

**Are you interested in receiving additional food?**

I consent to sharing my information with the local Food Bank for additional food resources.

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: \_\_\_\_\_ (Name of Tribe)  
     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 the other side of the affidavit for more information.

## **Nondiscrimination**

### **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 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, audiotape, 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](mailto:program.intake@usda.gov).

***This institution is an equal opportunity provider.***

**Please mail completed affidavit to:**

LMTAAA  
2404 Heritage CT SW  
Olympia, WA 98502

**Please email scanned affidavit to:**

[LMTSFMNP@dshs.wa.gov](mailto:LMTSFMNP@dshs.wa.gov)