



Pierce County

Human Services

Important Changes to the 2023 Senior Farmers Market Nutrition Program

- Funds will NOT be distributed in paper voucher booklets this year
- Each participant will receive an electronic benefits card with a unique QR code and PIN number.
- *** Your PIN number will be automatically assigned as the four-digit month and year of your birth (MMYY). ***

Examples

Date of birth: February 15, 1948

PIN number: 0248

Date of birth: October 5, 1934

PIN number: 1034

- If you have any issues with your card, please call the number on the back of your card: 1-800-841-1410. For benefit balance inquiries, please call: 1-844-359-3104.
- To make food purchases:
 - Take your card to participating vendors at the Farmers Market
 - The vendor will scan your card's QR code on their mobile device
 - You will enter your PIN code into their phone and approve the purchase
- You can use your card as many times as needed to spend the full \$80

2023 Senior Farmers Market Nutrition Program Application for Vouchers/Affidavit for Eligibility

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 to receive a voucher, 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
 - \$45,984 Annual or \$3,832 Monthly Income for 3 people
 - \$55,488 Annual or \$4,624 Monthly Income for 4 people
 - For larger households, add \$792/month for each additional person
- You must be a resident of Pierce County

There is a strict limit of \$80 in vouchers per household. Incomplete applications or applications received before May 1st will be returned. A limited number of vouchers are available each season, and completed applications will be processed in the order received.

We will begin accepting applications for vouchers on Monday, May 1, 2023. To receive SFMNP vouchers, you must complete all fields below and return the application to Pierce County Human Services, Aging & Disability Resources.

Please provide all of the information on Page 2, sign your application, and return your application to:

Pierce County Human Services
Attn: Mickie Brown
4301 S. Pine St., Suite 446
Tacoma, WA 98409

You may also fax your application to (253) 798-2839, Attn: Mickie Brown, or e-mail the application to: seniorfarmersmarket@piercecountywa.gov

Applications will take 4-6 weeks to process. Vouchers will be mailed to eligible applicants beginning Friday, June 17th.

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 page three of the affidavit for more information.

2023 Senior Farmers Market Nutrition Program

Applications with missing information will not be processed and will be returned.

***** Please submit ONLY ONE application for married couples / domestic partners. *****

First Name: _____ Last Name: _____

Birth date: _____ Phone: _____

Home Address: _____ Apt # _____

City: _____ Zip code: _____ County: _____

Do you receive mail at this address? Yes No

If "No," please provide your mailing address: _____

_____ The total number of people living at my home address is *(include all children and adults who share the same home address)*

_____ The total **MONTHLY** amount of income received by **EVERYONE** living at my home address is *(include Social Security Retirement / Disability benefits, unemployment benefits, pensions, interest income, and any income earned or received by anyone living in the home)*

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 ___ Asian
___ Black or African American ___ Native Hawaiian or Other Pacific Islander ___ White

By signing this form, you certify that you meet all of the eligibility requirements described on page 1, and the information you have provided on the application is true and complete.

* _____
Participant Signature

* _____
Date

Nondiscrimination Statement

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)

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: http://www.ascr.usda.gov/complaint_filing_cust.html 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 complaint of discrimination to:

US Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) Fax complaint of discrimination to: (202) 690-7442; or

(3) Email complaint of discrimination to: program.intake@usda.gov.

This institution is an equal opportunity provider.