

2020 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:
 - \$23,606 Annual or \$1,967 Monthly Income for 1 person
 - \$31,894 Annual or \$2,658 Monthly Income for 2 people
 - \$40,185 Annual or \$3,349 Monthly Income for 3 people
 - \$48,470 Annual or \$4,039 Monthly Income for 4 people
 - For larger households, add \$691/month for each additional person
- You must be a resident of Pierce County

There is a strict limit of one set of vouchers **per household**. Incomplete applications or applications received before May 11th 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 11, 2020. To receive one set of SFMNP vouchers, you must complete **all** fields below and return the application to Pierce County Human Services, Aging & Disability Resources.

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

Pierce County Community Connections
Attn: Mickie Brown
1305 Tacoma Ave. So., Suite 104
Tacoma, WA 98402

You may also fax your application to (253) 798-2818, Attn: Mickie Brown, or e-mail the application to seniorfarmersmarket@piercecountywa.gov .

Vouchers will be mailed to eligible applicants by Friday, July 10th.

Applications that are missing information will not be processed and will be returned to the address provided.

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 amount of income received by everyone living at my home address is *(include Social Security Retirement and 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 White Black or African American Native Hawaiian or Other Pacific Islander

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. You further acknowledge that you have been given SFMNP Rights and Responsibilities information.

* _____
Participant Signature

* _____
Date

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.

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, 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: 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.