Senior Farmers' Market Nutrition Program
Participant Application

SECTION 1 – APPLICANT INFORMATION

Name of Applicant: LAST FIRST MIDDLE INITIAL	Site Name:
Street Address Apt. # City State ZIP Code	Date of Birth: Telephone:
Total number of household members: _____ Total gross income (before deductions) of all household members: $ _____ ☐ Annual ☐ Monthly ☐ Twice Monthly Note: SNAP (Supplemental Nutrition Assistance Program) does not count as income. ☐ Bi-Weekly ☐ Weekly	
Do any of your household members currently receive SFMNP benefits from another site? ☐ Yes ☐ No If yes, list the site name:	
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino Race: Applicants of multiple racial categories may be categorized in more than one racial group. Mark all that apply: ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ American Indian or Alaska Native ☐ White	

SECTION 2 – NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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, audiotape, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.

SECTION 3 – CERTIFICATION

I have been advised of my rights and obligations under the SFMNP, including the right to appeal any decision made by the local agency regarding my denial or termination from the SFMNP. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. This certification form is being completed and submitted in connection with the receipt of Federal assistance. SFMNP officials may verify information on this form. I am aware that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the Texas Department of Agriculture in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under applicable State and Federal law. I understand that the local agency will make nutrition education available to me and I am encouraged to participate. Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex.

☐ I have been advised that I am eligible to participate in the Senior Farmers' Market Nutrition Program.

☐ I have been advised that I am eligible to participate in the Senior Farmers' Market Nutrition Program but am placed on the waiting list.

☐ I have been advised in writing that I am ineligible to participate in the Senior Farmers' Market Nutrition Program and have the right to a fair hearing.

I am ineligible to participate based on the following criteria:
☐ **Income** ☐ **Age** ☐ **Residency (in service area)**

If you were found ineligible to participate, you have the right to an appeal. To appeal, you must contact:

Contracting Entity Name	Contracting Entity Address	Contracting Entity Phone

Signature of Applicant	Date	Name of Proxy (If applicable) (please print)

SECTION 4

TO BE COMPLETED BY SFMNP STAFF

Determination Date: _____

Date of Applicant's Initial Visit:

_____

_____
Signature of Eligibility Specialist

_____
Name of Eligibility Specialist (Print)

Date the *Applicant Agreement, Rights, Obligations and Fair Hearing Request*, were provided (page 3 of this form):

_____

Applicant Agreement, Rights, Obligations and Fair Hearing Request

1. I certify that the information I have provided for eligibility determination is correct to the best of my knowledge. Program officials may verify information on this form.

2. SFMNP benefits are provided in connection with the receipt of federal assistance. I understand that the deliberate misrepresentation may subject me to civil or criminal prosecution under state and federal law.

3. I may appeal any decision made by the local agency regarding my eligibility for the Program. A request for a fair hearing can be submitted to the organization.

4. Nutrition education will be made available to me and I am encouraged to participate in this service.

5. I understand that I may not participate in the SFMNP in another service area while receiving vouchers at this location.

6. I understand that I may assign an authorized representative (proxy) to redeem my vouchers at the farmers' market.

7. I understand that food provided by this program is intended for the participants for whom they are prescribed.

8. I consent to the release of information to SFMNP staff, the officials of USDA, the Texas Department of Agriculture, and the food contracting organization.

9. I have been advised of my rights and obligations under the SFMNP.