

**INSTRUCTIONS FOR
FOOD & NUTRITION
SENIOR FARMERS' MARKET NUTRITION PROGRAM
PARTICIPANT APPLICATION (FORMS H1430/H1430S)**

To participate in the Senior Farmers' Market Nutrition Program (SFMNP), each individual who wishes to participate must complete the Participant Application annually.

- To obtain Form H1430 or H1430S, visit the Texas Department of Agriculture (TDA) website at: www.squaremeals.org. Go to Programs, Senior Farmers' Market Nutrition Program, SFMNP Administration and Forms, then enter the form number into the appropriate search field.
- The contracting entity's (CE's) eligibility specialist (ES) completes one copy of Form H1430.
- Maintain originals in applicant/participant files for review.
- Keep Form H1430 for three years from the end of the fiscal year¹ to which they pertain.

Exception: *If audit findings, claims, or litigation have not been resolved by the end of the retention period, all forms and records must be retained until all issues are resolved.*

- At the time of application, some form of identification for each applicant must be provided. Identification may include, but not limited to, any of the following:
 - Birth certificate
 - Baptismal certificate
 - Health card
 - Identification card
 - Driver license
 - Military ID
 - Veteran ID
 - Passport
 - Refugee visa

SECTION 1 – APPLICANT INFORMATION

Name of Applicant — Record the applicant's complete name.

Site Name — Enter the site name as established by the contracting entity.

Date of Birth — Enter the applicants date of birth. This date will be used to determine if the applicant is at least 60 years of age. Proof of date of birth is not required.

Address (Street, Apt. #, City, State, ZIP Code) — Enter the applicant's complete address. The applicant must live in the service area of the CE. The CE may verify the applicant's address; however, the CE may not impose any durational or fixed residency requirements. The following items are considered valid forms of proof of eligible residence (ZIP code):

- current utility bill at stated address with the applicant's name or caretaker's name on it
- mail received by the applicant at the stated address with a post mark during the last 30 days
- lease and current month rent receipts

¹ Fiscal year means the period from October 1 through the following September 30.

However, if the applicant does not have these documents available, a verbal confirmation by the applicant of their current residence within the service area is acceptable. For example, an applicant may have recently moved and does not have these documents available at the time of application or did not remember or know to bring them when applying to participate.

Telephone — Enter the area code and telephone number of the applicant. Although a telephone number is helpful, it is not required for participation in the SFMNP.

Total number of household members – Enter the number of persons living in the same household as applicant.

Note: A household is a group of related or unrelated individuals who are living together as one economic unit.

Total gross income (before deductions) of all household members – Enter the amount of income for the household. Indicate whether it is annual, monthly, twice monthly, bi-weekly or weekly by checking the appropriate box.

Do any of your household members currently receive SFMNP benefits from another site?-
If another household member is receiving SFMNP benefits, please list the site name.

Ethnicity – Check the appropriate box.

Hispanic or Latino. A person of Cuban; Mexican; Puerto Rican; South or Central American; or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”

Not Hispanic or Latino.

Race — Check the appropriate box. One or more racial designations may be selected.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaskan Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SECTION 2 – NONDISCRIMINATION STATEMENT

The applicant must read or be read the full nondiscrimination statement.

SECTION 3 - CERTIFICATION

The CE must ensure that the applicant reads the statement, or the CE must read the statement to the applicant. This statement explains that federal assistance will be received based on the information provided by the applicant, that this information may be verified, and that the intentional submission of incorrect information could subject the applicant to civil or criminal prosecution.

If the CE determines that the applicant is ineligible to participate in the SFMNP, the CE must advise the applicant that they are ineligible and make sure the box for the applicant indicating ineligibility, and the reason, is checked.

Information on how to request an appeal must be filled out by the CE and provided to the applicant.

Signature of Applicant — The applicant must sign the application. Applicants may sign electronically, as applicable.

Date — Enter the date the applicant signs.

Name of Proxy — The applicant may name a proxy who will redeem the vouchers at farmers' markets. Print the proxy's name in the box.

SECTION 4 - TO BE COMPLETED BY SFMNP STAFF

Only those applicants who meet all eligibility criteria are eligible for SFMNP benefits. Participants may be certified only for the current SFMNP program year (January 1 – December 31). Prior program year determinations do not carry over into subsequent program years.

Determination Date — The CE must record the date when they complete the SFMNP staff section of the application. As noted above, this determination is only valid for the current SFMNP program year.

Date of Applicant's Initial Visit — The CE must record the date when the applicant initially inquired, in person, about participation in the SFMNP.

Signature of Eligibility Specialist — The eligibility specialist must sign the form.

Name of Eligibility Specialist — Print the name of the eligibility specialist.

Date the Applicant Agreement, Rights, Obligations, and Fair Hearing Request were provided (page 3 of Form H1430) — Enter the date the applicant received the *Applicant Agreement, Rights, Obligations, and Fair Hearing Request*.
