

## Senior Farmers' Market Nutrition Program Participant Application

### SECTION 1 – APPLICANT INFORMATION

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

This institution is an equal opportunity provider.

**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.