WA Senior Farmers Market Nutrition Program Application & Affidavit for Eligibility

*Name: ______________________________  *Birth date (month/day/year): ______________

Address: _________________________________________  Apt #: ______________

City: _________________________  Zip code: _____________ County: _____________

Phone: __________________________

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 for the SFMNP, 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:

- $25,142 Annual or $2,096 Monthly Income for 1 person
- $33,874 Annual or $2,823 Monthly Income for 2 people
- For larger households, add $728 for each additional person

You must be a resident of Washington State

By signing this form, you certify that you meet all the eligibility requirements above and acknowledge that you have been given SFMNP Rights and Responsibilities information.

* ______________________________  * ______________________________

Participant Signature  Date

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  □ African American
   □ Caucasian  □ Native Hawaiian or Other Pacific Islander

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 the other side of the affidavit for more information.
Nondiscrimination

Freedom from discrimination

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USDA Nondiscrimination Statement

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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: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, 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:  U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410;
   NOTE: DO NOT MAIL SFMNP Application to this address
2. fax:  (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Our Submission Deadline is June 8, 2022

We will continue to accept submissions after the deadline as vouchers may still be available.

Drop Off:
Catholic Charities FFA
12 East 5th Avenue
Spokane, WA
Monday-Thursday 7 am to 5 pm

Mail:
Catholic Charities FFA
PO Box 2253
Spokane, WA 99210-2253

For More Information:
Phone (509) 459-6163
Email: jesse.hansen@cceasternwa.org

Drop off:
ALTCEW
1222 N Post St
Spokane, WA
Monday-Friday 8:30 am to 5 pm

Fax:
Catholic Charities FFA
(509) 358-4259