

Iowa Senior Farmers Market Nutrition Program (SFMNP) 2024 Application



Return application to:
 NEI3A - Attn: Farmers Market
 3840 W. 9th Street
 Waterloo, IA 50702

Read before applying:

Eligible seniors will receive **only one set of \$50 vouchers (i.e., coupons or checks) per year.** The vouchers may be used to purchase fresh produce and raw honey from certified farmers only at authorized farmers markets and farmstands. Seniors must submit a complete application each year to receive the vouchers. Only one application is needed if both spouses meet the age and income eligibility requirements. **Do not list a second applicant (spouse) if they are deceased or under 60 years of age.**

Applicants must meet both Age and Income Eligibility Requirements below.

(Mark the boxes to affirm your eligibility)

- I am 60 years of age or older. (Born on or before today's date, 1964)
- My household income is within the eligibility guidelines below.

Household size	Annual income is less than	Household size	Annual income is less than
1	\$27,861	4	\$57,720
2	\$37,814	5	\$67,673
3	\$47,767	6	\$77,626

Applicant 1			
Last Name <i>(Print legibly)</i>	First Name	Date of Birth ____/____/____	
		Phone	
Mailing Address: <i>(include City, State, Zip)</i>		Email	
		County of Residence	
Are you Hispanic or Latino? <i>(Select only one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your race? (Select one or more) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
Vouchers Issued: <i>Office use only</i>			
Applicant 2			
<i>The second applicant must be 60 years of age or older and in the same household as Applicant 1</i>			
Last Name <i>(Print legibly)</i>	First Name	Date of Birth ____/____/____	
		Phone	
Mailing Address: <i>(include City, State, Zip)</i>		Email	
		County of Residence	
Are you Hispanic or Latino? <i>(Select only one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your race? (Select one or more) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
Vouchers Issued: <i>Office use only</i>			

Signature Required on Reverse

Proxy Information (*optional*) A proxy is an individual authorized to use SFMNP vouchers on behalf of an eligible senior participant. You do not have to designate your spouse as a proxy. If you designate a proxy, you agree to the following 3 statements:

- I understand that a proxy may act on behalf of more than one eligible participant.
- I understand that a proxy may pick up and use vouchers, but the eligible senior must ultimately receive the benefits (i.e., eligible food).
- I (we) authorize the person listed below as a proxy to pick up and utilize the vouchers issued to me (us) to purchase fresh eligible foods on my (our) behalf.

Designated Proxy Name:
(Print legibly)

Phone Number of Proxy:

Relationship to Applicant:

Please read or have the following information read to you.

I have been advised that obtaining SFMNP benefits from more than one service delivery area, is illegal.

I have been advised of my rights and obligations under 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 submitted in connection with the receipt of federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex.

I understand that I may appeal any decision the local agency made regarding my SFMNP eligibility.

Signature of Applicant 1

Date

Signature of Applicant 2

Date

(if applicable)

USDA 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/ad-3027.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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

or **fax:** (833) 256-1665 or (202) 690-7442;
or **email:** Program.Intake@usda.gov

This institution is an equal opportunity provider.