| Card #                  | Program Year <b>2024</b> |
|-------------------------|--------------------------|
| (For official use only) |                          |

# WA Senior Farmers Market Nutrition Program Application & Affidavit for Eligibility

| *Na    | *Name: *Birt  | *Birth date (month/day/year):                             |  |
|--------|---|---|--|
| Ad     | Address: Apt  | #:  |  |
| *Ci    | *City:*Zip code:  | County:   |  |
| Ph     | Phone:  |   |  |
| the    | The Senior Farmers Market Nutrition Program (SFMNP) provides fresh fruit a<br>the goal of improving their health and nutritional status. It also supports loc<br>markets and roadside stands.   |   |  |
| То     | To be eligible for the SFMNP, you must meet all of the following:   |   |  |
|        | 1. You must be 60 years old or older (55+ if you are Native America   | n/Alaska Native)  |  |
|        | <ul> <li>2. Your income must be below 185% of Federal Poverty Level. That <ul> <li>\$27,861 Annual or \$2,322 Monthly Income for 1 person</li> <li>\$37,814 Annual or \$3,151 Monthly Income for 2 people</li> <li>For larger households, add \$829 for each additional person</li> </ul> </li> <li>3. You must be a resident of Washington State</li> </ul> By signing this form, you certify that you meet the <u>all</u> the eligibility requirements of the properties of the pro | on  |  |
| be     | been given SFMNP Rights and Responsibilities information.   |   |  |
| *<br>P | ** Participant Signature Date   |   |  |
| Ple    | Please answer the questions below—your responses are voluntary:   |   |  |
|        | Do you consider yourself Hispanic/Latino? □ Yes □ No  |   |  |
| 2.     | . *Please check all that apply: □ Native American/Alaska Native □ Asian □ African American/Black □ Caucasian/White □ Native Hawaiian or Other Pacific Islander  |   |  |
| 3.     | 3. Do you use a smart device, such as a cell phone or tablet? ☐ Yes ☐   | No  |  |
| 4.     | 4. Do you have access to reliable internet? ☐ Yes ☐ No  |   |  |
| 5.     | 5. The SFMNP Mobile App allows you to access your SFMNP benefit in vendors. Are you interested in downloading this app? ☐ Yes   | nformation, purchase history, and find local $\square$ No |  |
| 6.     |   | e to re-use it for this season. Please print the          |  |

Submission Deadline is June 8, 2024 – please see top of next page for details

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

### **Submission Details:**

**Drop Off:** 

Catholic Charities FFA 12 East 5<sup>th</sup> Avenue

Spokane, WA

Monday-Thursday 7 am to 5 pm

Mail:

Catholic Charities FFA
PO Box 2253
Spekage WA 00310 335

Spokane, WA 99210-2253

For More Information:

Phone (509) 459-6163

Email: <a href="mailto:carolyn.knowles@cceasternwa.org">cceasternwa.org</a>

**Drop off:** ALTCEW

1222 N Post St Spokane, WA

Monday-Friday 8:30 am to 5 pm

Fax:

Catholic Charities FFA (509) 358-4259

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#### **Nondiscrimination**

#### Freedom from discrimination

This institution is prohibited from discriminating on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, disability, or the use of a dog guide or trained service animal (a service animal is an animal that is individually trained to do work or perform tasks for the benefit of an individual with a disability). (RCW 49.60.030)

## **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 <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <a href="https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint">https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint</a>, 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