Card #	Program Year 2024
(For official use only)	

WA Senior Farmers Market Nutrition Program Application & Affidavit for Eligibility

*Name:		*Birth date (month/day/year):			
Ad	ddress: Apt #:				
*Ci	ity:*Zip co	ode:	County:		
Ph	none:				
the	ne Senior Farmers Market Nutrition Program (SFMNP) pegoal of improving their health and nutritional status. It arkets and roadside stands.				
То	be eligible for the SFMNP, you must meet all of the follo	wing:			
	1. You must be 60 years old or older (55+ if you are Native American/Alaska Native)				
	 Your income must be below 185% of Federal Poverty Level. That means: \$27,861 Annual or \$2,322 Monthly Income for 1 person \$37,814 Annual or \$3,151 Monthly Income for 2 people For larger households, add \$829 for each additional person 				
	3. You must be a resident of Washington State				
	v signing this form, you certify that you meet the <u>all</u> the een given SFMNP Rights and Responsibilities information		bove and acknowledge that you have		
*	on given or with rugine and reopendibilities information	*			
P	Participant Signature	Date			
Ple	ease answer the questions below—your responses are v	oluntary:			
1.	1. 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.	B. Do you use a smart device, such as a cell phone or tablet? ☐ Yes ☐ No				
4.	Do you have access to reliable internet?] Yes □ No			
5.	i. The SFMNP Mobile App allows you to access your SFMNP benefit information, purchase history, and find local vendors. Are you interested in downloading this app? ☐ Yes ☐ No				
6.	If you have a SFMNP benefit card from last year (202 last 6 numbers from your 2023 WA-SFMNP benefit card	· . ·	-use it for this season. Please print the		

EITHER MAIL BACK OR DROP OFF TO THE ADDRESS BELOW:

Rural Resources Nutrition Services 956 S. Main St. Colville, WA 99114 509-685-6054

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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: 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