

Voucher Application Form 2018



For Staff Use Only:

Senior Farmers Market Nutrition Program

Must be postmarked by May 11, 2018 or first 8,000 applicants to be eligible.

*Name (in English) _____	
*Address: _____	*Apt #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*City: _____	*Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
*Birth date: (Month/Day/Year) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	

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 the following criteria:

- You must be 60 years old or older (or 55+ if you are Native American)
- Your income must be no more than:
 - \$ 22,459 annual or \$ 1,872 monthly income for one (1) person.
 - \$ 30,451 annual or \$ 2,538 monthly income for two (2) people.
 - For larger households, add \$ 666 of Monthly Income for each additional person.
- You must be a resident of Washington State and live in King County.

By signing this form, you certify that you:

- Meet all of the eligibility requirements above.
- Understand that this form will be entered into a random drawing.
- Understand that IF your form is selected, you will be mailed the SFMNP vouchers and Rights and Responsibility information.

SFMNP is working with the City of Seattle, Fresh Bucks, a Healthy Food Access program. You may receive mail regarding their services.

THIS BOX MUST BE COMPLETED

* Participant Signature: _____	* Date of Application <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 2018
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***Please answer the following questions:**

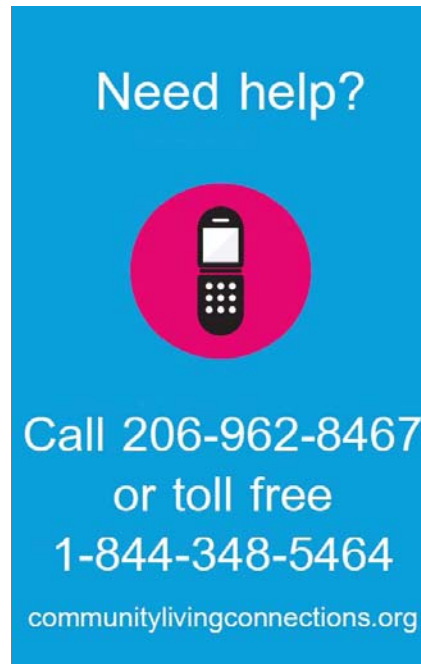
1. Please check all that apply:
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - White or Caucasian
 - Native Hawaiian or Other Pacific Islander
2. Do you consider yourself Hispanic/Latino? Yes No

*Items marked with * are required

EN

Senior Farmers Market Nutrition Program Voucher Application Form

If you need assistance completing this form, contact:



Mail completed application to:

Seattle Farmers Market Nutrition Program
140 Lakeside Ave, Suite A-180
Seattle, WA 98122
Or Fax to: 206-374-2390

Due to the large number of applicants for the Senior Farmers Market Nutrition Program, the Seattle Human Services Department does not have enough vouchers to provide one for each applicant. ADS will utilize a random selection process. Farmers Market Vouchers will be mailed to recipients by July 1, 2018.

This voucher application is limited to one per household and must be postmarked by **application deadline of May 11, 2018 or first 8,000 applicants to be eligible.**

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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)

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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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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 complaint of discrimination to:** 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 **complaint of discrimination to** :(202) 690-7442; or

(3) Email **complaint of discrimination to:** program.intake@usda.gov.

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