

# Voucher Application Form 2019



## Senior Farmers Market Nutrition Program

**Must be postmarked by May 10, 2019 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"/> <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"/> <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"/> <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:
  - \$ 23,107 annual or \$ 1,926 monthly income for one (1) person.
  - \$ 31,284 annual or \$ 2,607 monthly income for two (2) people.
  - For larger households, add \$ 681 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.

### THIS BOX MUST BE COMPLETED

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

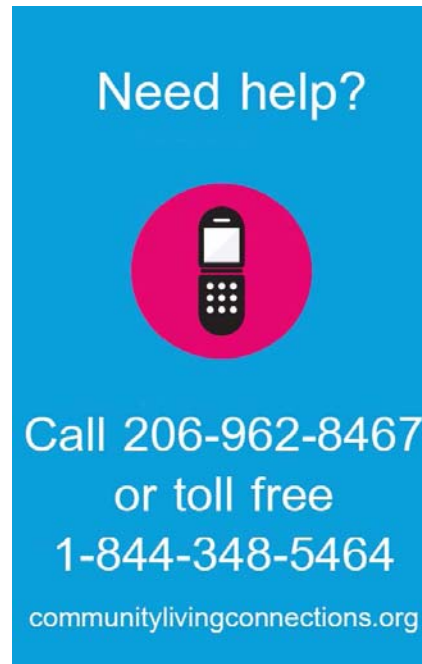
1. Please check all that apply:
- American Indian or Alaska Native
  - Asian
  - Black or African American
  - White or Caucasian
  - Native Hawaiian or Other Pacific Islander
2. Do you consider yourself Hispanic/Latino?  Yes  No

\*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:

Senior Farmers Market Nutrition Program  
140 Lakeside Ave, Suite A-180  
Seattle, WA 98122  
Or Fax to: 206-694-2227

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, 2019.

This voucher application is limited to one per household and must be postmarked by **application deadline of May 10, 2019 or first 8,000 applicants to be eligible.**

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 or disability or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. To file a complaint, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (866) 632-9992 (voice) or (800) 877-8339 (TTY). Complaint can be faxed to: (202) 690-7442; or emailed to [program.intake@usda.gov](mailto:program.intake@usda.gov) forms can be found on line at : [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) USDA is an equal opportunity provider and employer.

## **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 USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

***This institution is an equal opportunity provider.***