

Voucher Application Form 2022



Senior Farmers Market Nutrition Program

Must be postmarked by May 13, 2022 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"/>	Email: _____
*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:
 - \$ 25,142 annual or \$ 2,096 monthly income for one (1) person.
 - \$ 33,874 annual or \$ 2,823 monthly income for two (2) people.
 - For larger households, add \$ 728 of Monthly Income for each additional person.
- You must be a King County, Washington resident.

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.

* Participant Signature: _____	* Date of Application <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 2022
*Signature of person if assisting & completing form with applicant: _____ Print Name & Agency or Affiliation: _____ Email: _____ Phone #: _____	

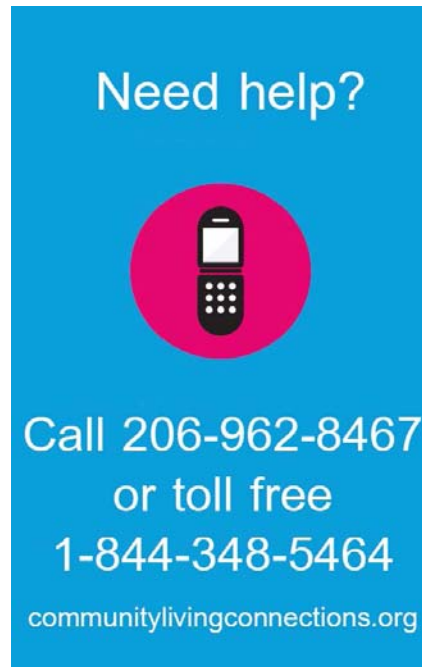
Please check all that apply:	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> White or Caucasian
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Prefer not to answer

*Items marked with * are required

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**Senior Farmers Market Nutrition Program
Voucher Application Form**
Apply Online: [AgingKingCounty.org/SFMNP](https://agingkingcounty.org/SFMNP)

If you need assistance completing this form, contact:



Or mail completed application to:

Senior Farmers Market Nutrition Program
140 Lakeside Ave, Suite A-180
Seattle, WA 98122

Do not apply more than once, duplicate applications will be removed. 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, 2022.

This voucher application must be postmarked by **May 13, 2022** to be eligible.

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This institution is an equal opportunity provider.

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: <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:

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