

SFMNP Card Application Form 2025



EN

Senior Farmers Market Nutrition Program

Must be postmarked by May 9, 2025 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:
 - \$ 28,953 annual or \$ 2,413 monthly income for one (1) person.
 - \$ 39,128 annual or \$ 3,261 monthly income for two (2) people.
 - For larger households, add \$ 848 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 selection process.
- Understand that IF your form is selected, you will be mailed a **\$80 SFMNP Card** and Rights and Responsibility information.

* 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"/> <input type="text"/>
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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

Do you use a smart device, such as a cell phone or tablet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to reliable internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Senior Farmers Market Nutrition Program SFMNP Card Application Form



Apply Online:
AgingKingCounty.org/SFMNP

Or mail completed application to:

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

If you need assistance completing this form, contact:

**Community Living Connections
1-844-348-5464 (toll-free)
communitylivingconnections.org**

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 cards to provide one for each applicant. ADS will utilize a random selection process. SFMNP cards will be mailed to recipients by June, 2025.

This application must be postmarked by **May 9, 2025** to be eligible.

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD 3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: Program.Intake@usda.gov