

2025 Farmers Market Debit Cards

(\$80 each)

To receive Farmers Market debit cards with \$80 on them for the 2025 Farmers Market season, please fill out the attached Application/Affidavit for Eligibility and return to the Senior Center. Debit cards will be assigned on a first-come, first-serve basis until all the cards are gone.

We will start handing out the debit cards on Monday, June 2, 2025. The first group of cards will be activated and ready to use on Saturday, June 7, 2025.

Note: Last year's cards or vouchers from previous years cannot be used for this season.

Proxy Form:

If someone will be going to the Farmers Market for you and using your debit card to buy produce for you, you will also need to fill out the Proxy form on the back of this letter with yours and that person's information and return it to the Senior Center with the affidavit/application.

ONLY FILL OUT IF SOMEONE ELSE WILL GO TO THE MARKET FOR YOU.

**Senior Farmers Market Nutrition Program
Proxy Form**

Name of senior: _____ Birth date: _____

Address: _____

City: _____ Zip code: _____ County: _____

Phone: _____

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.

Seniors are encouraged to be active participants in redeeming their benefits and choosing the fresh produce they will buy. If the senior is unable to fully participate in any part of the program due to disability or lack of transportation, they may designate by this proxy form a representative to participate on their behalf.

Name of representative: _____

Address: _____

City: _____ Zip code: _____ County: _____

Phone: _____

By signing this form, you appoint the above-named representative to represent your interests in the SFMNP. This can include signing the affidavit for eligibility, being issued benefits, receiving nutrition education, and redeeming benefits.

Senior Participant Signature

Date

If the senior applicant/participant is unable to sign and has a Durable Power of Attorney in effect, please attach a copy of the DPOA to this document.

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, audiotope, 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.

WA Senior Farmers Market Nutrition Program Application & Affidavit

***Name:** _____ ***Birthdate (month/day/year):** ____/____/____
(First Name) (Last Name) (Month) (Day) (Year)

Address: _____ **Apt #:** _____

***City:** _____ ***Zip code:** _____ **County:** _____

Phone: _____

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 all of the following:

- 1. You must be 60 years old or older (55+ if you are Native American/Alaska Native)**
- 2. Your income must be below 185% of Federal Poverty Level. That means:**
 - **\$28,953 Annual or \$2,413 Monthly Income for 1 person**
 - **\$39,128 Annual or \$3,261 Monthly Income for 2 people**
 - **For larger households, add \$848 for each additional person**
- 3. You must be a resident of Washington State**

By signing this form, you certify that you meet the all the eligibility requirements above and acknowledge that you have been given SFMNP Rights and Responsibilities information.

* _____
Participant Signature

* _____
Date

Please answer the questions below—your responses are voluntary:

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

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, disability or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Please see below for more information.

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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This institution is an equal opportunity provider.