

## **2024 Farmers Market Debit Cards**

**(\$80 each)**

To receive Farmers Market debit cards with \$80 on them for the 2024 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 Tuesday, May 28<sup>th</sup>. The first group of cards will be activated and ready to use on Saturday, June 1<sup>st</sup>.

**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.

## 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 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). Complaints can be emailed to [program.intake@usda.gov](mailto:program.intake@usda.gov). Forms can be found online 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.

## WA Senior Farmers Market Nutrition Program Application & Affidavit for Eligibility

\*Name: \_\_\_\_\_ \*Birth date (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:**
  - \$27,861 Annual or \$2,322 Monthly Income for 1 person
  - \$37,814 Annual or \$3,151 Monthly Income for 2 people
  - For larger households, add \$829 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
3. Do you use a smart device, such as a cell phone or tablet?  Yes  No
4. Do you have access to reliable internet?  Yes  No
5. 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?  Yes  No

**If you have a SFMNP benefit card from last year (2023), you may be able to re-use it for this season. Please print the last 6 numbers from your 2023 WA-SFMNP benefit card in the space below:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

---

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 the other side of the affidavit 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**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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:

- (1) mail: 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: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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