

Senior Farmers Market Nutrition Program (SFMNP)

STATEMENT OF ELIGIBILITY

2023

Complete the following chart. The answers you provide in this chart are optional and will not affect your eligibility for the SFMNP. Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

Ethnicity (select yes or no) Hispanic or Latino?		Race (select one or more)				
Yes	No	American Indian or Native Alaskan	Asian	Black or African American	Native Hawaiian Or Pacific Islander	White

I certify that:

I. I am:

- a. 60 years of age or older; AND
- b. My monthly income is at or below the federal income guidelines for my household outlined in SFMNP Policy Memorandum #2023-4.
 - i. \$2,248/month (for one-person household); Or
 - ii. 3,041/month (for a two-person household); Or
 - iii. 3,833/month (for a three-person household).

II. I have not received SFMNP checks from any other location this year.

III. I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in correction with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misinterpreting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal Law.

Signature (Participant) _____ Date: _____

Print Name: _____

Address: _____

****Internal Use Only****

Booklet Serial Number: _____ Program/Agency Name: _____ Site ID: 54600
 Program/Agency Representative's Name (Issuer): _____

Complaint Process: Civil Rights Violations

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, 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-](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint)

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;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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