STATE OF MONTANA

Department of Public Health and Human Services/Senior & Long-Term Care Division/Aging Services

2020 SENIOR FARMERS' MARKET NUTRITION PROGRAM APPLICATION

Name of Applicant						
Address						
			Cour	nty		
Phone	*	*Number in Household				
Age		Dirthdata				
You must be 60 years of a Participation in the SFMNF						
*List All Other Household Members			Age	Date of Birth		
RACE: ☐ White ☐ Na ☐ Native Hawaiian/Pa		n Native □ E	Black/Africar	n American		
ETHNICITY: Hispan	nic 🗆 Non-Hispani	ic				
2020 FEDERA	L INCOME CUIDELL	NEC FOR CE	AND DADTI	CIDATION (4050/ FDI)		
				CIPATION (185% FPL)		
# of people in household	Maximum ANI	Maximum ANNUAL income		Maximum MONTHLY income		
1		\$23,606		\$1,968		
2	·	\$31,894		\$2,658		
3	·	\$40,182		\$3,349		
4	· ·	\$48,470		\$4,040		
5	\$56	3 758	\$4,730			

For each additional person in the household, add \$8,288 to the **ANNUAL** income total (690 monthly)

HOUSEHOLD INCOME:

Indicate source and amount of current (last month's) income before deductions, such as taxes and Social Security.

If last month's income is not representative, please project your annual income. "Other" income includes income from trusts, contributions from relatives, etc. SNAP (Food stamps) does not count as income.

	Amount	How Often Received
Social Security		
Disability Benefits		
Pension/Retirement		
Employment		
Self-Employment		
Other (Specify)		
Total Household Income		

This Box for Distribution A IF INELIGIBLE FOR SFMN	Agency Only P, STATE REASON ☐ Under 60 y	vears of age □ Over income			
□ *Other					
□ *The applicant has be	een provided with information abou	t appealing the determination			
f for any reason you cannot per	sonally get to the market, you can a	appoint a <u>proxy</u> to shop for you.			
hereby authorize the following i	individual to act as my proxy for all	SFMNP activities:			
NAME OF PROXY	RELATIONSHIP	PHONE NUMBER			
	Participant Certification				
hat the information I have providenced by the providence of the proving the States of the province o	s and obligations under the SFMNP ded for my eligibility determination is me is being submitted in connection ay verify information on this form. Interment or intentionally misrepresent ate agency, in cash, the value of the original prosecution under States.	s correct, to the best of my with the receipt of Federal understand that intentionally sting, concealing, or withholding e food benefits improperly issued			
color, national origin, age, disabi	cipation in the SFMNP are the sam ility, or sex. I understand that I may ility for the SFMNP. You have a rig	appeal any decision made by the			
have read and understand these rights and responsibilities of the SFMNP.					
SIGI	NATURE	DATE			
I have received nutrition e	ducation materials:	□ No			
******Coupons are only valid from June 1, 2020 to October 19, 2020					

If coupons are unavailable when you apply, you will be placed on a waiting list. If more coupons become available, they will be issued based on date of application.

(Revised 4/16/20)

SENIOR FARMERS' MARKET PROGRAM GUIDELINES (THIS HANDOUT IS PROVIDED TO THE APPLICANT)

The Senior Farmers' Market Nutrition Program (SFMNP) is funded through a grant from the US Department of Agriculture (USDA). It allows senior citizens to purchase fresh locally grown vegetables, fruits and herbs.



- Your coupons can only be used at vendors displaying the Farmers' Market signs with the logo pictured at the right.
- Coupons are good only for the Farmers' Market in the county they are issued. Do not redeem them at markets outside your county. NOTE: Coupons will expire October 19, 2020
- You cannot sign up and receive coupons at more than one market site. Dual participation is illegal and in violation of 249.6(d)(1)
- You can buy up to \$2.00 worth of fresh fruits, vegetables, herbs, and pure honey with each coupon. USDA regulations prohibit the use of coupons for anything other than in state fruits, vegetables, herbs, and pure honey. See reverse side for list.
- No change can be given if your purchase is less than \$2.00.
- Coupons cannot be used at grocery stores, only at your local summer farmer's market.
- You can supplement your purchases with your own cash if you wish.
- Lost or stolen coupons cannot be replaced.
- You can designate another person (a proxy) to buy food for you at the time of application or by writing the proxy's name on the front of your coupon book.
- Coupon book covers cannot be redeemed for food, only the 5 numbered coupons.
- Participants cannot share SFMNP food with non-participants.
- If you have any questions, problems or other complaints about this Program, contact the State Aging Office toll free at 1-800-332-2272.
- If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.

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, 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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider.

(This handout is provided to the applicant) LIST OF ELIGIBLE FOODS FOR FARMERS' MARKET NUTRITION PROGRAMS

FRESH VEGETABLES

Asparagus Artichokes Beans, green, long or waxed

Beets Broccoli Brussels Sprouts
Cabbage Carrots Cauliflower
Celery Chinese Cabbage Collard Greens

Corn Cucumbers Eggplant Kale Kohlrabi Leeks

Lettuce/Tender Greens Mushrooms Mustard Greens

Okra Onions Parsnips
Peas Peppers Potatoes
Pumpkins Radishes/Horseradishes Rhubarb
Rutabagas Spinach Squash

Sweet potatoes Swiss Chard Tomatoes/Tomatillos

Turnips/Turnip Greens Watercress Zucchini

FRESH FRUITS (only fruits produced in MT are eligible for coupon exchange)

Apples *Apricots (in state only) Blackberries
Blueberries Cantaloupe Casaba Melons

Cherries Chokecherries Currants

Gooseberries Grapes Honey Dew Melons
Huckleberries *Nectarines (in state only) *Peaches (in state only)

*Pears (in state only) Plums Raspberries

Strawberries Watermelons

FRESH HERBS

Cut fresh herbs only, no chopped, processed, packaged herbs

BasilChivesCilantroDillFennelGarlicMarjoramOreganoParsleyPeppermintRosemarySavorySageShallotsSpearmint

Tarragon Thyme

PURE HONEY PRODUCED IN MONTANA

ITEMS THAT <u>CANNOT</u> BE PURCHASED WITH COUPONS

USDA only allows fresh produce to be purchased through this grant. Processed produce, non-produce, or non-foods items are **prohibited**, including but not limited to:

Baked Goods Cheese Crafts

Dried fruit Eggs Flavored honeys

Jams / Jellies Juices Meat / Chicken / Fish / Seafood

Nuts / Seeds Plants (Flowers, Herb, Vegetable)

ANY ITEM NOT PRODUCED IN MONTANA