**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 |  | | | | | | | | | |
| City |  | | State |  | | Zip |  | County | |  |
| Phone |  | | | | \*Number in Household | | | |  | |
| Age |  | | | | Birthdate | | | |  | |

You must be **60** years of age or older and meet the income guidelines **BELOW** to participate.

Participation in the SFMNP does not affect eligibility for other programs, such as SNAP.

### **RACE**: 🞏 White 🞏 Native American/Alaska Native 🞏 Black/African American 🞏 Asian

### Native Hawaiian/Pacific Islander

### 

**EThnicity**: 🞏 Hispanic 🞏 Non-Hispanic

|  |  |  |
| --- | --- | --- |
| **\*List All Other Household Members** | **Age** | **Date of Birth** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

### 

**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.

|  |  |  |
| --- | --- | --- |
| **2020 FEDERAL INCOME GUIDELINES FOR SFMNP participation (185% FPL)** | | |
| # of people in household | 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 | $56 758 | $4,730 |
| For each additional person in the household, add $8,288 to the **annual** income total (690 monthly) | | |

***This Box for Distribution Agency Only***

**IF INELIGIBLE** **for SFMNP, STATE REASON** 🞎 Under 60 years of age 🞎 Over income

🞎 \*Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *\*The applicant has been provided with information about appealing the determination*

If for any reason you cannot personally get to the market, you can appoint a proxy to shop for you.

I hereby authorize the following individual to act as my proxy for all SFMNP activities:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **NAME OF PROXY** |  | **RELATIONSHIP** | **PHONE NUMBER** |

**Participant Certification**

I have been advised of my rights and obligations under the SFMNP, as outlined on page 3. 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 connection 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 misrepresenting, 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.

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. You have a right to a fair hearing. Call 1-800-332-2272 for help.

I have read and understand these rights and responsibilities of the SFMNP.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

I have received nutrition education materials: 🞏 Yes 🞏 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](mailto: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 | | | | | | | |
| Basil | Chives | | Cilantro | Dill | | | Fennel |
| Garlic | Marjoram | | Oregano | Parsley | | | Peppermint |
| Rosemary | Savory | | Sage | Shallots | | | Spearmint |
| Tarragon | Thyme | |  |  | | |  |
|  | | | | | | | |
| Pure honey produced in montana | | | | | | | |

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| --- | --- | --- |
| ITEMS THAT CANNOT 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** | | |