Farm Market Fresh

Senior & WIC Farmers' Market Nutrition Program (S/FMNP)

2024 Senior Application

Please Print

Today's Date: ____/____/____

Applicant #1

Name: _____
Last, First MI

Birthdate: _____/_____/_____
(Month) (Day) (Year)

Applicant #2 - Same Household Unit (Optional)

Name: _____
Last, First MI

Birthdate: _____/_____/_____
(Month) (Day) (Year)

Address of Residence: _____
Street

_____
City *State* *Zip* *County*

☐ **Mailing Address is same as Residence**

Mailing Address: _____
Street

_____
City *State* *Zip* *County*

Email (optional): _____

Home Phone: _____ Cell Phone: _____

Applicant #1 Demographics		**Applicant #2 Demographics**	
Ethnicity: Mark one, regardless of Race	**Race**: Mark one or more	**Ethnicity**: Mark one, regardless of Race	**Race**: Mark one or more
☐ Hispanic or Latino	☐ American Indian or Alaskan Native	☐ Hispanic or Latino	☐ American Indian or Alaskan Native
☐ Not Hispanic or Latino	☐ Asian	☐ Not Hispanic or Latino	☐ Asian
☐ Prefer not to answer	☐ Black or African American	☐ Prefer not to answer	☐ Black or African American
	☐ Native Hawaiian or Pacific Islander		☐ Native Hawaiian or Pacific Islander
	☐ White		☐ White
	☐ Prefer not to answer		☐ Prefer not to answer

Office Use Only:
Voucher Numbers Issued: _____ **Staff Initials:** _____ **Date:** _____

Self-Declaration for Income Eligibility

Number of People in Household: _____

Total <u>Monthly</u> Household Income: _____

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Certification - By my signature below I certify that

I understand that it is unlawful to receive farmer's market checks from more than one locality or to enroll in this program more than one time each Market Season. 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 connection with 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 my repaying the Virginia Department for the Aging, 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.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP. I understand the Program's household income eligibility guidelines or have had them explained to me. I hereby acknowledge with my signature that my household family income is within the published income eligibility guidelines for participation in SFMNP.

Signature of Applicant #1:_____ **Date:**_____

Signature of Applicant #2:_____ **Date:**_____

Return Completed Applications to This Address or Email:

Valley Program for Aging Services
325 Pine Ave.
PO Box 817
Waynesboro, VA 22980
pam@vpas.info

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USDA Non-Discrimination Statement

<u>DO NOT</u> mail completed applications to the address below. The address below is to file a program complaint of discrimination.

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, audiotape, 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:

1. **mail:**

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410; or

2. **fax:**

(833) 256-1665 or (202) 690-7442; or

3. **email:**

Program.Intake@usda.gov

This institution is an equal opportunity provider.