

## **2019 Senior Farmer's Market Nutrition Program (SFMNP) Frequently Asked Questions**

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### ***How does the program work?***

**Answer:** If older adults meet the eligibility requirements they simply complete and submit a 2019 application. Applications are available from local senior centers, the Area Office on Aging and/or on our agency website ([www.areaofficeonaging.com](http://www.areaofficeonaging.com)). Applications are processed on a first-come, first-served basis. Eligible older adults will receive 10 - \$5 coupons valid until October 31, 2019. These coupons may be used at participating farm stands and markets to purchase locally grown, fresh fruits, fresh vegetables, herbs and honey. Please note: A waiting list may occur. Once funding has been expended, then an individual will be notified he/she has been placed on a waiting list.

### ***What are the eligibility requirements?***

**Answer:** In order to participate, the individual must meet each of the following requirements:

- a. Be 60 years of age or older by June 1, 2019
- b. Be a resident of Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Seneca, Williams, or Wood County, or the city of Fostoria.
- c. Have an annual income of:
  - i. \$0 - \$23,106 if you live alone
  - ii. \$0 - \$31,283 for a household of two

### ***What if the older adult will turn 60 after June 1, 2019?***

**Answer:** The older adult must be 60 years of age at the time of application. If his/her birthday occurs between June 1 and October 31, then he/she may complete and submit an application on his/her birthday.

### ***What if the individual is less than 60 years of age, but disabled?***

**Answer:** We are sorry; to be eligible, individuals must be 60 years of age at the time of application.

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***What if the individual lives with others and the household income is more than 185% Poverty Level, but the individual receives \$23,106 or less from Social Security. Is the individual eligible?***

**Answer:** We are sorry; the income eligibility levels are based upon the income of the entire household. If the combined household income is more than 185% Poverty Level, the individual is not eligible.

***What counts as income?***

**Answer:** Income may include, but is not limited to, the following: wage or salary income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement Income; Supplemental Security Income (SSI); alimony; public assistance; retirement, survivor, or disability pensions; and all other income.

***What if there are more than 2 people in the household?***

**Answer:** The allowable income increases \$8,177 for each additional person.

***What if the older adult is homebound or too frail to redeem their coupons?***

**Answer:** The older adult may designate someone to shop for him/her at the farm market or stand. This person is called a proxy. To designate a proxy, older adults should complete the proxy information in the shaded boxes of the application. Then, the older adult and the proxy must **both** sign the application. If the older adult does not want to designate a proxy, he/she does not need to complete that section of the application.


***Where can older adults use the coupons?***

**Answer:** A list of farm markets and stands will be included with the coupons in the mail. The list is also posted on our website, [www.areaofficeonaging.com](http://www.areaofficeonaging.com).

***How will the coupons be mailed?***

**Answer:** By the time most produce is available, coupons will be sent by first class mail to the address listed on the application.

Each eligible applicant must complete a separate application.

		<b>2019</b> <b>Ohio Senior Farmers'</b> <b>Market Nutrition Program</b>		2155 Arlington Avenue Toledo, OH 43609 (419)382-0624 (800)472-7277	
First Name		Middle Initial		Last Name	
Date of Birth: (mm/dd/yy)			Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address					Apt #
City			State	ZIP Code	
E-mail Address (Optional):					
Please circle the county, where you live. Defiance – Erie – Fulton – Henry – Lucas – Ottawa – Paulding – Sandusky – Seneca - Williams - Wood			Telephone Number: (       )		
<b>Ethnicity:</b> (select one) <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino		<b>Race:</b> (select one or more; information collected for federal statistics) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> African-American/Non-Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian			

Please complete the following <b>ONLY</b> if you are shopping on behalf of the above applicant such as a caregiver:		
Personal Shopper/Proxy Name (if applicable):	Relationship to Participant:	Contact Number: (       )
State ID or Driver's License Number:	Personal Shopper / Proxy Signature:	

*(Check box corresponding to your **TOTAL** household income)*

<input type="checkbox"/> 1 person in household with income of <b>\$0 - \$23,106</b>	<input type="checkbox"/> 2 persons in household with income of <b>\$0 - \$31,283</b>	<input type="checkbox"/> 3 persons in household with income of <b>\$0 - \$39,460</b>
<input type="checkbox"/> 4 persons in household with income of <b>\$0 - \$47,637</b>	<input type="checkbox"/> 5 persons in household with income of <b>\$0 - \$55,814</b>	<input type="checkbox"/> 6 persons in household with income of <b>\$0 - \$63,991</b>

**I certify that I am at least 60 years of age; a resident of this service area; have not received coupons at any other location; and total household income requirements are met.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have been advised of my rights and obligations under the SFMNP. I certify the information I have provided is correct. This form is being submitted for Federal Assistance and is subject to verification. I understand that 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. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP. Information will not be shared except for the specific purposes of responding to your request for assistance.

**USDA prohibits discrimination on the basis of race, color, national origin, gender, age, or disability.**