

Senior Farmer's Market Nutrition Program

Instructions for 2020: The Area Office on Aging of Northwestern Ohio, Inc. is pleased to send you an application to participate in the Senior Farmer's Market Nutrition Program. Information is available at www.areaofficeonaging.com

COUPON MAILING EARLY JULY

Applications are processed on a first-come, first-serve basis.
Look for the new coupon style. Coupons will be sent by first class mail.

NEW COUPON FORMAT

Coupons are looking different; you will have 2 pieces of flat paper with 5 coupons printed to each page. These are on special security paper with a light pink coloring, dotted perforations to allow folding and gentle separation, or cut with scissors.

**New
Coupon
Design
This
Year!**

ELIGIBILITY REQUIREMENTS

First: MUST be 60 years of age or older! NO exceptions.

Second: LIVE in one of these ten counties- Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood.

Third: MEET income guidelines noted on application for household size.

Next: COMPLETE application with SIGNATURE and return to AOoA office.

INCOME CLARIFICATION

Income eligibility levels are based upon the income of the entire household. Income may include, but is not limited to, the following: take home wage or salary income; Social Security or Railroad Retirement Income; Supplemental Security Income (SSI); alimony; public assistance; retirement, survivor, or disability pensions; interest, dividends, net rental or royalty income; income from estates and trusts; and all other income.

OLDER ADULT CANNOT GET OUT TO SHOP

The older adult may designate someone to shop for him/her at the farm market or stand. This person is called a proxy or personal shopper. To designate a proxy, older adults should complete the proxy information in the shaded area of the application and the proxy must sign the application in the shaded area.

WHERE TO USE THE COUPONS


A list of farm markets and stands will be included with the coupons in the July mailing. This list will be posted on the website, www.areaofficeonaging.com. The farmer participating in the Senior Farmers Market Nutrition Program must have designated poster displayed at selling location.

This project has been funded in part with Federal funds from the U.S. Department of Agriculture and the support of the Ohio Department of Aging and the Area Office on Aging of Northwest Ohio, Inc.

This institution is an equal opportunity provider.

If you wish to file a Civil Rights discrimination complaint, please call 1-866-632-9992 to request a form.

Each eligible applicant must complete a separate application.

		2020 Ohio Senior Farmers' Market Nutrition Program		2155 Arlington Ave. Toledo, OH 43609-0624 1-419-382-0624 1-800-472-7277	
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 – Paulding – Ottawa – Sandusky – Williams – Wood				Telephone Number: ()	
Ethnicity: (select one) <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino		Race: (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 ONLY 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 \$0 - \$23,107	<input type="checkbox"/> 2 persons in household with income of \$0 - \$31,284	<input type="checkbox"/> 3 persons in household with income of \$0 - \$39,461
<input type="checkbox"/> 4 persons in household with income of \$0 - \$47,683	<input type="checkbox"/> 5 persons in household with income of \$0 - \$55,815	<input type="checkbox"/> 6 persons in household with income of \$0 - \$63,992

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 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, audiotope, 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.

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