



SENIOR FARMERS' MARKET NUTRITION PROGRAM 2024 APPLICATION, ELIGIBILITY & PROXY FORM

RIGHTS AND RESPONSIBILITIES

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 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.

By signing the check register, **I acknowledge that I am 60 years of age AND my household income is within the income eligibility guidelines effective for July 1, 2024 to June 30, 2025.**

Household Size	185% Federal Poverty Guidelines				
	Annual	Monthly	Twice Monthly	Bi-weekly	Weekly
48 Contiguous States, D.C., Guam and Territories					
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
Each add'l fam mem add	+\$9,953	+\$830	+\$415	+\$383	+\$192

Participant Name: _____ **Date:** _____

Residence Address: _____

Telephone Number: _____ **Birthday (month/year):** _____

Please circle the most appropriate identifier for each:

Ethnicity: Hispanic or Latino/a Not Hispanic or Latino/a

Race: American Indian or Alaskan Native Asian Black or African American White
Native Hawaiian or other Pacific Islander



Each qualified senior may only receive the \$50 SFMNP benefit 1x each year.

I hereby acknowledge with my signature that **I am:**

- a Maryland resident,
- I am 60 years or older and
- my household income is within the income guidelines referenced above for participation in SFMNP.

I also acknowledge that I will not seek SFMNP checks from any other location after I have received them here.

Participants Signature (Person checks are for): _____

Staff Signature: _____

Agency Name: _____

Date of Certification: _____

Card Number: _____

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 sexualorientation), 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/ad3027.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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. (202) 50-9410; or fax:(833) 256-1665 or (202) 690-7442; or email: Program.Intake@usda.gov This institution is an equal opportunity provider.

If the Participant is using a Proxy to pick up the Card, this portion must be filled out.

*The proxy must take this form to a distribution site in the county the participant resides within.

Proxy Name: _____

Date: _____

Proxy Signature: _____

Staff Signature: _____

Agency Name: _____

Date of Certification: _____

Card Number: _____