



2018 Senior Farmers' Market Nutrition Program

Application Handout

The Seniors Farmers' Market Nutrition Program (SFMNP) provides low-income seniors with eligible fresh produce with the goal of improving their health and nutritional status. Each SFMNP participant will receive a book of coupons worth \$50.00 (ten \$5.00 coupons) to exchange for fresh, nutritious, and unprocessed locally grown fruits, vegetables, herbs, and honey from an authorized farmer, farmers' market, or roadside stand (outlet).

How SFMNP Works

- 1. Apply.** Complete the enclosed SFMNP Application Form for each person in the household that qualifies for SFMNP benefits. **Applicants must be certified to participate each year. Forms must be received in the Office of Community Services by Friday, September 21, 2018.** The eligibility requirements are:

Categorical	At least 60 years old OR
	Native American 55 years or older OR
	Disabled Individual less than 60 years old of age who is currently living in housing facilities occupied primarily by older individuals where congregate nutrition services are provided.
Maximum Annual Household Income	\$25,826 One Person
	\$35,020.50 Two Persons
	Add \$9,194.50 per additional household member (including children)
Residency	Must reside in the county of service area applying to

- 2. Qualify.** Qualified participants will be sent a coupon booklet and a coupon handout, inclusive of a schedule of outlets where the coupons can be used.
- 3. Shop.**
 - SFMNP coupons must be used by September 30, 2018.
 - Only SFMNP participants or authorized representatives (proxy) may use the SFMNP coupons. A proxy must have been designated on the enclosed SFMNP Application Form.
 - Bring the coupon booklet to the farmers' market listed on the schedule of SFMNP farmers' market.
 - Authorized outlets will have a sign showing that they will accept SFMNP coupons.
 - No cash change may be given. Please try to use the full \$5.00 amount of each coupon.

FOR MORE INFORMATION OR ASSISTANCE, PLEASE CONTACT YOUR LOCAL AGENCY:

Hawaii Foodbank, Inc. 2611 Kilihau Street Honolulu, Hawaii 96819 (808) 954-7889/(808) 836-3600	Hawaii County Economic Opportunity Council 47 Rainbow Drive Hilo, Hawaii 96720 (808) 961-2681	Maui Economic Opportunity 99 Mahalani Street Wailuku, Hawaii 96793 (808) 249-2990	Hawaii Foodbank - Kauai 4241-A Hanahao Place Lihue, Hawaii 96766 (808) 482-2224
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State of Hawaii – Department of Labor and Industrial Relations

Office of Community Services

830 Punchbowl Street, Room 420

Honolulu, Hawaii 96813

Call: (808) 586-8675

Email: dlir.ocs@hawaii.gov

Web: labor.hawaii.gov/ocs

SFMNP RIGHTS AND RESPONSIBILITIES

Your Rights

As an applicant/participant of SFMNP you have the following rights to:

- Be treated with dignity, respect, and without discrimination.
- Be notified in writing, within 15 days of applying, if you are not determined eligible.
- Appeal an ineligibility decision if you feel that determination was made in error.
- Have information you provided kept private unless you request for it to be shared.
- Make a complaint if you feel you have not been treated fairly.
- Have clear directions of how and where to use the coupons you receive.
- Learn about other services that may be available to you. You may contact your local agency for services in your area.
- File a complaint with your local agency about improper farmer or farmers' market program practices.

Your Responsibilities

As an applicant/participant of SFMNP you have the following responsibilities:

- Provide correct information, to the best of your knowledge, to determine eligibility.
- Understand that giving false information and/or intentionally concealing facts could result in your paying back benefits or legal action.
- Understand that attempting to collect benefits more than once or at multiple distribution sites during a season will result in termination from the program.
- Consume the fresh produce obtained through this program yourself.
- Safeguard the coupons you receive. Please report if they are lost or stolen (phone: (808) 586-8675; email: dlir.ocs@hawaii.gov). Lost or stolen coupons will not be replaced.
- Redeem your coupons with an authorized outlet by September 30, 2018.
- Understand that funding is limited for this program and on a first come, first served basis, subject to the availability of funding.

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.

This institution is an equal opportunity provider.



Please read this application, the accompanying application handout, and print or type clearly.

For Official Use Only:

Coupon # _____



2018 Senior Farmers' Market Nutrition Program (SFMNP) Application Form

The Senior Farmers' Market Nutrition Program (SFMNP) provides low-income seniors with eligible fresh produce with the goal of improving their health and nutritional status. Applicants must be certified to participate each year. The number of participants is limited and on a first-come, first-serve basis.

DEADLINE: Applications must be RECEIVED by Friday, September 21, 2018.

Please mail completed application to:
 Department of Labor and Industrial Relations
 Office of Community Services
 830 Punchbowl Street, Room 420
 Honolulu, Hawaii 96813

I am a resident of and applying for SFMNP benefits in the county of:

Hawaii Honolulu/Oahu Kauai Maui

Please check if applicable: I have not previously applied for Senior Farmers' Market benefits in 2018.

Name (Last, First, M.I.)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
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Eligibility Criteria - Please check all that apply:

I am at least 60 years of age I am a Native American at least 55 years of age

I am a disabled individual less than 60 years old and living in a housing facility occupied primarily by older individuals where congregate nutrition services are provided.

Maximum Annual Household Income Eligibility Requirement - Please check if applicable to your household income

My household income is less than 185% of the U.S. Poverty Rate of Hawaii

- Less than \$25,826 for a one person household
- Less than \$35,020.50 for a two person household
- For each additional person, add \$9,194.50 per additional household member (including children)

Residential Address (Including unit #)	City, Zip Code
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Mailing Address (Incl unit #), if different from above	City, Zip Code
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Email Address	Telephone Number
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PLEASE TURN OVER TO COMPLETE APPLICATION

ETHNIC BACKGROUND

USDA requires the State to obtain race and ethnic information. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws. Your response will not affect consideration of your application.

Please check one: Do you consider yourself Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please check all that apply: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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PROXY

A "proxy" or "authorized representative" is defined as an individual authorized by an eligible participant to act on the participant's behalf, including submission of application for certification, receipt of SFMNP coupons or other benefits, or use of SFMNP coupons at authorized outlets as long as the SFMNP benefits are ultimately received by the eligible senior.

I hereby authorize the following individual to act as my authorized representative for the SFMNP to submit my application for certification, receive my SFMNP coupons or other benefits, or shop at a farmers' market on my behalf.

Proxy Name (Last, First, M.I)	Relationship	Proxy Phone Number ()
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Certification Statement

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 this form, I certify that I meet all of the categorical, income, and residency eligibility requirements; have and will not apply for SFMNP benefits in another county service area, acknowledging it is illegal to partake in dual participation; and acknowledge that I have been given SFMNP Rights and Responsibility information.

Applicant Signature	Date (MM/DD/YY)
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Hawaii Foodbank, Inc. (808) 954-7889/(808) 836-3600	Hawaii County Economic Opportunity Council (808) 961-2681	Maui Economic Opportunity (808) 249-2990	Hawaii Foodbank - Kauai (808) 482-2224
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