

Virginia Senior Farmers Market Nutrition Program (S/FMNP) 2016 Application

Application must be legible, completed in full with signatures. Incomplete applications will be rejected
MUST BE 60 OR OLDER TO APPLY Must be a resident of VA city of Galax or Bristol, or county of Bland, Carroll, Grayson, Smyth, Washington and Wythe; or one of the major towns of Abingdon, Marion and Wytheville

PLEASE PRINT

TODAY'S DATE: / /

Applicant			Second Applicant - Same Household Unit		
Name:			Name:		
(Last)	(First)	(MI)	(Last)	(First)	(MI)
***Residence Address:					
(Street)					
(City)		(State)		(Zip)	
Address to which checks are to be mailed (if different):					
***(Street/P.O. Box)					
(City)		(State)		(Zip)	
Phone No: ()			*Phone No: ()		
Gender: Male _____ Female _____			Gender: Male _____ Female _____		
***Birthdate: ____/____/____			*** Birthdate: ____/____/____		
(Month) (Day) (Year)			(Month) (Day) (Year)		
Applicant Demographics			Second Applicant Demographics		
Ethnicity: Mark one, regardless of Race		Race: Mark one or more		Ethnicity: Mark one, regardless of Race	
<input type="checkbox"/> Hispanic or Latino		American Indian or Alaskan Native		Hispanic or Latino	
<input type="checkbox"/> Not Hispanic or Latino		Asian		Not Hispanic or Latino	
		Black or African American		Black or African American	
		Native Hawaiian or Other Pacific Islander		Native Hawaiian or Other Pacific Islander	
		<input type="checkbox"/> White		<input type="checkbox"/> White	

Self Declaration for Income Eligibility

Number of People in Household _____

Total Monthly Household Income _____

Office Use Only	Staff Initials	Date
Check Numbers Issued:		

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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. Standards for eligibility and participation in the Senior Farmer's Market Nutrition Program 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 agency regarding my eligibility for the SFMNP. **PLEASE SIGN AND DATE IN THE BOX ABOVE THE SIGNATURE LINE IS**

REQUIRED FOR ALL APPLICANTS. ↓



Signature of Applicant	Date	Signature of Second Applicant	Date

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.

Return SFMNP Completed Application to:



**District Three Governmental Cooperative
4453 Lee Highway
Marion, VA 24354-4270**

Applications will be process by date received. District Three has limited number of SFMNP coupon books. They are issued to eligible participants on a **first come – first served basis. LOST OR STOLEN books will not be replaced.** Coupons will be mailed to eligible participants at the mailing address on their applications sometime in July.