



# Farm Market Fresh

Senior & WIC Farmers' Market Nutrition Program (S/FMNP)

## 2026 Senior Application

Please Print

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Applicant #1

Name: \_\_\_\_\_  
*Last, First MI*

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Month) (Day) (Year)

### Applicant #2 - Same Household Unit (Optional)

Name: \_\_\_\_\_  
*Last, First MI*

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Month) (Day) (Year)

Address of Residence: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip County (required)*

Mailing Address is same as Residence

Mailing Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip*

Email (optional): \_\_\_\_\_

Phone: \_\_\_\_\_ Is this a cell phone:  Yes  No

### Applicant #1 Demographics

### Applicant #2 Demographics

<b>Ethnicity:</b> Mark one, regardless of Race	<b>Race:</b> Mark one or more	<b>Ethnicity:</b> Mark one, regardless of Race	<b>Race:</b> Mark one or more
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> White		<input type="checkbox"/> White
	<input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> Prefer not to answer

### Self-Declaration for Income Eligibility

**Instructions:** Please fill out this section regarding only the people in your household that are 60 years or older. Make sure you only provide combined MONTHLY income for everyone 60 and older in your home.

**Number of People in Household:** \_\_\_\_\_

**Total MONTHLY Household Income:** \_\_\_\_\_



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### Benefit Delivery:

Please indicate below how you choose to have your benefit provided to you. This year, Virginia has moved to a new way to provide the benefit. **Option 1: A Digital Benefit** on a mobile application. The mobile application will have your benefit and all of your resources and instructions located in one place including a map and directions to farmers. Or **Option 2: A physical card** that has a QR Code connecting to your benefit that you scan when you purchase your produce. We **highly encourage** you to choose **option 1** if you have a smartphone because you will have everything you need located in one place. Instructions will be provided to assist with using the Digital Benefit and the Card Benefit. Digital Benefits **DO WORK** with no internet access.

Please Choose your Benefit Type based on the Info above:  Digital Benefit  Card Benefit

If you participated in 2025 – Do you have your physical card:  No  Yes: Card Number: \_\_\_\_\_

### 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.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP. I understand the Program’s household income eligibility guidelines or have had them explained to me. I hereby acknowledge with my signature that my household family income is within the published income eligibility guidelines for participation in SFMNP.

Signature of Applicant #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant #2: \_\_\_\_\_ Date: \_\_\_\_\_

### Return Completed Applications To This Address or Email:

District Three Governmental Cooperative  
4453 Lee Hwy, Marion VA, 24354  
[jreedy@district-three.org](mailto:jreedy@district-three.org)



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### USDA Non-Discrimination Statement

**DO NOT mail completed applications to the address below. The address below is to file a program complaint of discrimination.**

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.