



2017 Senior Farmers' Market Nutrition Program (SFMNP)

Program Information

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.** An application must be completed for each person in the household that qualifies for SFMNP benefits.

Applicants must be certified to participate each year. 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. (For the SFMNP, a "disabled individual" is defined as those currently living in housing facilities occupied primarily by older individuals where congregate nutrition services are provided.)
Maximum Annual Household Income	\$25,290 One Person
	\$34,096 Two Persons
	Add \$8,806 per additional household member (including children)
Residency	Must reside in the county of service area applying to

2. **Qualify.** Qualified seniors will be sent coupon books and a schedule of outlets where the coupons can be used.

3. **Shop.**

- a. SFMNP coupons must be used by September 30, 2017.
- b. Only SFMNP participants or authorized representatives (proxy) may use the SFMNP coupons. A proxy must have been designated on the SFMNP Application Form.
- c. Bring the coupon booklet to the farmers' market listed on the schedule of SFMNP farmers' market.
- d. Authorized outlets will have a sign showing that they will accept SFMNP coupons.
- e. No cash change may be given. Try to use the full \$5.00 amount of each coupon.

FOR MORE INFORMATION OR ASSISTANCE:

Call: (808) 586-8675

Email: dlir.ocs@hawaii.gov

Web: labor.hawaii.gov/ocs

Mail: DLIR/OCS, 830 Punchbowl Street, Room 420, Honolulu, HI 96813

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.
- To be notified in writing, within 15 days of applying, if you are not determined eligible.
- To appeal an ineligibility decision if you feel that determination was made in error.
- To have information you provided kept private unless you request for it to be shared.
- To make a complaint if you feel you have not been treated fairly.
- To have clear directions of how and where to use the coupons you receive.
- To learn about other services that may be available to you. You may contact your local agency for services in your area.

Your Responsibilities

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

- To give correct information, to the best of your knowledge, to determine eligibility.
- To understand that giving false information and/or intentionally concealing facts could result in your paying back benefits or legal action.
- To understand that attempting to collect benefits more than once or at multiple distribution sites during a season will result in termination from the program.
- To consume the fresh produce obtained through this program yourself.
- To safeguard the coupons you receive. Please report if they are lost or stolen (phone: (808) 586-8675; email: dlir.ocs@hawaii.gov). They cannot be replaced.
- To redeem your coupons with an Authorized Outlet between June 1 and September 30.
- To understand that funding is limited for this program and it is served 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 and the accompanying information sheet and print or type clearly.

For Official Use Only: Coupon # _____ - _____

2017 Senior Farmers' Market Nutrition Program (SFMNP) Application Form	
Please print clearly and mail completed application to: Department of Labor and Industrial Relations Office of Community Services 830 Punchbowl Street, Room 420 Honolulu, Hawaii 96813	

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		In what county are you applying for service? <input type="checkbox"/> Hawaii Island <input type="checkbox"/> Honolulu/Oahu	
Name (Last, First, M.I)	Gender (M or F)	Date of Birth (MM/DD/YYYY)	
Residential Address (including unit #)		City, Zip Code	
Mailing Address (including unit #) if different from Residential Address		City, Zip Code	
Telephone Number ()	Email Address		

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"/> Native American or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other
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PROXY

I hereby authorize the following individual to act as my authorized representative for the SFMNP to apply for certification, shop at a farmers' market, or pick up eligible foods from Community Supported Agriculture (CSA) program distribution sites on my behalf.

Proxy Name (Last, First, M.I)	Relationship	Proxy Phone Number ()
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I attest to the following (please check each applicable box to indicate that you meet the following eligibility criteria):

- 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 senior housing facility.
- I meet the total household income requirements (less than 185% of the US Poverty Rate for Hawaii).
- I am a resident of the county in which I am applying for service.
- This is my only application for Senior Farmers' Market benefits this year.

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 three of the categorical, maximum annual household 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 (and coupons, if applicable).

Applicant Signature

Date (MM/DD/YYYY)

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.

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