

2020 Senior Farmers' Market Nutrition Program

IMPORTANT: This program is seasonal – **April 1 to September 30**, and it is very popular. Spaces are extremely limited. Submit your application ASAP. Most counties' spaces fill up by May or June. Late applicants will be wait-listed.

Please mail your completed application to:
Hawaii County Economic Opportunity Council, 47 Rainbow Drive, Hilo, Hawaii 96720

Name (Last, First M.I.)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
<i>PRINT YOUR NAME CLEARLY!</i>		
I certify that all of the following statements are true and correct:		
1. I am at least 60 years of age. 2. I reside in the county where I am requesting to receive food coupons. 3. I am making only one request for ten SFMNP food coupons for the 2020 program year. 4. I meet the total household income requirement stated below.		
1-person household income of less than \$26,603	2-person household income of less than \$36,001	For each additional person, add \$9,398 per additional household member (including children)
Mailing Address (Include apartment or unit number) – <i>WRITE CLEARLY!</i>		City, Zip Code
Email Address		Telephone Number

DESIGNATION OF PROXY (Optional)

A "proxy" or "authorized representative" is someone authorized by an eligible participant to act on the participant's behalf, including submission of application for participation, receipt of coupons, and use of SFMNP coupons at authorized outlets as long as the SFMNP benefits are ultimately received by the eligible senior. IF you want your coupons mailed to your proxy instead of yourself, insert proxy's address here: _____, Hawaii _____

Proxy Name (Last, First, M.I.)	Relationship	Proxy Phone Number ()
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ETHNIC BACKGROUND

USDA requires the State to obtain race and ethnic information. This information is 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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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 of eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

Applicant Signature

Date (MM/DD/YY)

This institution is an equal opportunity provider

Form OCS-SFMNP-1 rev. Jan 2020 For Official Use Only: Coupon # _____
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HAWAII COUNTY ECONOMIC OPPORTUNITY COUNCIL APPLICATION

47 Rainbow Drive
Hilo, Hawaii 96720-2013
Telephone: (808) 961-2681 Main Fax: (808) 961-2812



1. Applicant Name: LAST FIRST Date:

2. Residence Address

Date Last applied
Are you an employee of HCEOC? Yes No

Mailing Address:
Rent or Own Length of time at present address:
Type of Heater: Gas Electric Solar
Monthly kWh: HELCO #
GASCO # Tax Map Key No:

Table with 2 columns: Program Name, Status. Rows include Farm/Garden/Senior Produce, Transportation, Housing Program, Incubator Kitchens, Energy/WAP, Youth Services, Food Service.

3. Telephone Email address:

EMERGENCY CONTACT

4. Primary Language Spoken in Home: Name:
5. Number in household: VA: Yes No Phone:
Hispanic: Yes No Relationship:

If renter, Landlord/Home Owner's Name:
Landlord/Home Owner's Address:
Landlord/Homeowner's Phone# email address

LIST MEMBERS OF HOUSEHOLD BEGINNING WITH YOURSELF (Please print all information)

Table with 10 columns: NAME, Social Security Number, Date of Birth, Age, Relation-ship, GENDER, DIS-ABLED, Race, Education Level, CODES. Includes a detailed legend for codes and a sub-table for Family Type and Source of Income.

***Individual reporting zero income must have application notarized. Turn in proof of income for all members in the household. Verify proof of residency 16. Do you have any mobility, visual or hearing impairment or special needs: *Yes No If *yes, specify: 17. Health Insurance: Yes No 18. Receives SNAP: Yes No
I hereby certify that the above information is correct to the best of my knowledge. I will supply any additional information that may be needed. I will also allow HCEOC to verify my statements. Initial

APPLICANT SIGNATURE: DATE:

*****AGENCY USE ONLY *****
Income documentation: Pay Stubs W-2 1040 1099 Other-Specify:
Income level: Up to 50% 51 to 75% 76 to 100% 101 to 125% 126 to 150% 151 to 175% 176 to 200% 201%+
Total Household Income for Last 12 Months: Income verified by:
Approved Title: Date: