



Senior Farmers' Market Nutrition Program (SFMNP) 2023 Application for Eligibility

INSTRUCTIONS: To receive benefits for fresh, Alaska grown fruits, vegetables, herbs, and Alaska sourced honey, submit this completed application to your nearest participating agency found listed online at: <http://dhss.alaska.gov/dpa/Pages/nutri/fmnp/fmnpseior.aspx> or by calling the State of Alaska at (907) 465-3100. Applications received by the State of Alaska will not be processed.

***Indicates required fields.**

*Name: _____ *Birth date: _____ / _____ / _____

*Mailing Address: _____

*City: _____ Zip code: _____ Phone Number: (_____) _____

Check any that you currently have and use: Smartphone Tablet None

***Please check all that apply to determine eligibility:**

- I am 60 years old or older as of September 30, 2023.
- I currently live in Alaska.

The following are true (check all that apply):

- I am actively receiving benefits from the Commodity Supplemental Food Program (CSFP).
- My income is below 185% of the federal poverty level (more information on next page).

This information may be shared with the USDA and is used to learn about who our program serves. It does not affect your SFMNP eligibility. If you choose not to answer the following two questions, staff will be required to make a visual determination on your behalf if able.

Do you consider yourself Hispanic/Latino? Yes No

Check all that apply to you: American Indian or Alaska Native Asian White/Caucasian
 Black or African American Native Hawaiian or Other Pacific Islander

By signing this form, you certify that the information you provided on this form is complete and accurate to the best of your knowledge, you will not apply for or receive more than the individual maximum benefit of \$40 during the current year, and that you have read and agree to the following: I have been advised of my rights and obligations under the SFMNP. 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. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP. I may be added to a waitlist as benefits are issued on a first come, first serve basis.

_____/_____/_____ _____ / _____ / _____
 *Participant Signature *Date

Agency Use Only: Checks Issued: _____ to _____ Rep Initials: _____

Form revised 4/2023

Proxy form on file

Eligibility Guidelines for the 2023 Season

To be eligible for the Senior Farmers' Market Nutrition Program, you must:

- 1) Be at least 60 years old on or before September 30, 2023,
- 2) Currently live in Alaska, and
- 3) Fulfill one of the following income qualifiers: are actively participating in CSFP or your current gross income is below 185% of the current Federal Poverty Level as listed below.

Income Eligibility Guidelines in effect from May 1, 2023, to September 30, 2023

Household Size of 1: Annual Income must be below \$33,689 and/or monthly Income must be below \$2,809
Household Size of 2: Annual Income must be below \$45,584 and/or monthly Income must be below \$3,799
Household Size of 3: Annual Income must be below \$57,480 and/or monthly Income must be below \$4,790
Household Size of 4: Annual Income must be below \$69,375 and/or monthly Income must be below \$5,782
Household Size of 5: Annual Income must be below \$81,271 and/or monthly Income must be below \$6,773
Household Size of 6: Annual Income must be below \$93,166 and/or monthly Income must be below \$7,769
Household Size of 7: Annual Income must be below \$105,062 and/or monthly Income must be below \$8,756
Household Size of 8: Annual Income must be below \$116,957 and/or monthly Income must be below \$9,747
For Each Additional Family Member Add: \$11,896 to Annual Income and/or \$992 to Monthly Income

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov

This institution is an equal opportunity provider.