



# Senior Farmers' Market Nutrition Program (SFMNP)

## 2024 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://health.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.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about the program? Check the one you have currently used.

Word of Mouth

Tablet

Smart Phone

Other, please describe \_\_\_\_\_

Newsletter

Please Check all that apply to determine eligibility:

I am 60 years old or older as of September 30, 2024

I currently live in Alaska

The following are true (check all that apply):

I am actively receiving benefits from the Commodity Supplemental Food Program

My income is below 85% of the federal poverty level (more information on next page)

Do you consider yourself Hispanic/Latino? (circle one):

Yes, I consider myself Hispanic/Latino

No, I do not consider myself Hispanic/Latino

Please check all that apply to you:

Asian

White/Caucasian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Black or African American

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.

**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:*  
Benefits Issued: \_\_\_\_\_ to \_\_\_\_\_

Proxy form received  
Representative Initials: \_\_\_\_\_



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## 2024 Application for Eligibility

**To be eligible for the Alaska Senior Farmers’ Market Nutrition Program, you must:**

- 1) Be at least 60 years old on or before September 30, 2024,
- 2) Currently live in Alaska, and
- 3) Fulfill one of the income qualifiers which are: actively participating in CSFP or your current gross income (income before taxes) is below 185% of Federal Poverty Level as shown in the chart below.

Federal Poverty Level Table in effect from May 1, 2024 to September 30, 2024

Household Size	Annual Income	Monthly Income
1	\$15,060	\$1,255
2	\$20,440	\$1,704
3	\$25,820	\$2,152
4	\$31,200	\$2,600
5	\$36,580	\$3,049
6	\$41,960	\$3,497
7	\$47,340	\$3,945
8	\$52,720	\$4,394
For each additional family member add:	\$5,380	\$449

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](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](mailto:program.intake@usda.gov).

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