



DELAWARE DEPARTMENT OF
AGRICULTURE

Delaware Senior Farmers' Market Nutrition Program

Senior Farmers' Market Nutrition Program (SFMNP) Application Form

Participant Information

First Name: _____

Last Name: _____

Address: _____

Telephone Number: _____

Birth date: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or other Pacific Islander White

I certify that:

I am 60 years or older

My household income is within the guidelines for participation in the program
(185% of Federal Poverty Level)

I reside in Delaware

I have not previously applied for SFMNP benefits this year

Office Use Only

Certified: Yes No (Notes: _____)

Proxy form submitted? Yes No (Notes: _____)

Proxy used to pick up coupons? Yes No

Staff Signature: _____

Participant Signature

I understand that it is unlawful to receive farmers' 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 provide 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 results in my repaying the Delaware Department of Agriculture, 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 the SFMNP.

Participant's Signature: _____

Date: _____

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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; or
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

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