


Each eligible applicant must complete a separate application.

		2019 Ohio Senior Farmers' Market Nutrition Program		1400 Pike Street Marietta, OH 45750 1-800-331-2644	
First Name		Middle Initial		Last Name	
Date of Birth: (mm/dd/yy)			Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address				Apt #	
City			State	ZIP Code	
E-mail Address (Optional):					
Please circle the county, where you live.			Telephone Number: ()		
Ethnicity: (select one) <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino		Race: (select one or more; information collected for federal statistics) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> African-American/Non-Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian			

Complete if you are shopping on behalf of the above applicant such as a caregiver.		
Personal Shopper/Proxy Name (if applicable):	Relationship to Participant:	Contact Number: ()
State ID or Driver's License Number:	Personal Shopper / Proxy Signature:	

(Check box corresponding to your **TOTAL** household income)

<input type="checkbox"/> 1 person in household with income of \$0 - \$22,459	<input type="checkbox"/> 2 persons in household with income of \$0 - \$30,451	<input type="checkbox"/> 3 persons in household with income of \$0 - \$38,443
<input type="checkbox"/> 4 persons in household with income of \$0 - \$46,435	<input type="checkbox"/> 5 persons in household with income of \$0 - \$54,427	<input type="checkbox"/> 6 persons in household with income of \$0 - \$62,419

I certify that I am at least 60 years of age; a resident of this service area; have not received coupons at any other location; & total household income requirements are met.

Applicant's Signature: _____ Date: _____

Coupon distribution is contingent upon the availability of funds from USDA

I have been advised of my rights and obligations under the SFMNP. I certify the information I have provided is correct. This form is being submitted for Federal Assistance and is subject to verification. I understand that 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. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP. Information will not be shared except for the specific purposes of responding to your request for assistance.

USDA prohibits discrimination on the basis of race, color, national origin, gender, age, or disability.