

NEW YORK STATE OFFICE FOR THE AGING

2 Empire State Plaza, Albany, NY 12223-1251

Andrew M. Cuomo, Governor
An Equal Opportunity Employer

Greg Olsen, Acting Director

PROGRAM INSTRUCTION

Number: 13-PI-10 REVISED

Supersedes: 12-PI-06

Expiration Date

DATE: June 28, 2013

TO: Area Agency on Aging Directors

**SUBJECT: 2013 Senior Farmers Market Nutrition Program (SFMNP)
Information and Instructions**

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RESPONSE DUE DATE: August 16, 2013 for undistributed coupon booklets.
Instructions for return are included in the text of this Program Instruction.

PURPOSE: The purpose of this Program Instruction is to:

- Provide information for Area Agencies on Aging (AAA's) participation in the 2013 Senior Farmers Market Nutrition Program (SFMNP);
- Disseminate the final 2013 SFMNP check booklet allocation schedule;
- Provide an internet address to the statewide list of SFMNP authorized farmers markets and contact persons; and
- Disseminate 2013 administrative instructions covering the following subjects:
 - Check inventory and handling;
 - Check distribution eligibility and targeting criteria;
 - Procedures for check issuance to eligible recipients, and reporting this issuance;
 - Instructing recipients in the use of the checks;
 - Nutrition education for the SFMNP; and
 - Handling problems or complaints relating to the SFMNP.

Highlights for this year

- Check value and color – the value of each check remains \$4.00 and each booklet of checks will contain 5 checks.
- Check color for this program year will be **green**.
- Income Guidelines for 2013 (see Attachment A).
- Recipients' receiving SNAP (formerly known as Food Stamp benefits) are no longer automatically eligible for the program and SNAP eligibility has been removed from the alternative eligibility criteria.
- Program Outreach – the intent of this program is to economically support local farmers and provide low-income older adults with access to local fresh produce. Because the total program allocation of booklets covers only about one-tenth of the total number of eligible older adults, it is very important that each AAA make every effort to distribute allocated booklets for the maximum benefit to older adults and the local economy. Please give special consideration to outreach efforts this year.
- Eligibility Clarification – eligibility is determined by two factors, age and income. Eligible recipients must be age 60 or older. Someone who is age-eligible must then meet the income eligibility requirement as shown on Attachment A.

BACKGROUND: For a historical perspective on the SFMNP, please review 01-IM-04, from February 7, 2001.

PROGRAM IMPLEMENTATION: Please share the following instructions with persons responsible for implementation of the SFMNP. Enclosed is the NYS Office for the Aging (NYSOFA) program form (Attachment A) and samples of NYS Department of Agriculture and Markets forms to be used by AAAs (Attachments B & C).

AAAs should duplicate NYSOFA form “SFMNP Statement of Eligibility,” which is Attachment A, since neither NYSOFA nor the Department of Agriculture and Markets will provide multiple printed copies. This document is being provided to you in English and in Spanish. If there is a population with limited English proficiency (LEP) in your service area, it may be necessary to translate this document into other languages. Language assistance must be made available by the AAA to these individuals as necessary (e.g., telephonic interpretation).

Program Materials

All SFMNP materials have been printed and shipping will be completed by the end of June. These materials include five (5) separate items which will be sent directly to AAAs by the Department of Agriculture and Markets.

1. Your agency's supply of SFMNP check-booklets for issuance to seniors. This year's checks will be **green**.
2. A list of Farmers Market locations for your region.
3. Pocket-folders to contain the checks and market lists when issuing to recipients. The folders contain program information and are printed in English, Spanish, Chinese, Russian, and Creole.
4. SFMNP check booklet inventory forms (Certification of Distribution form FMC-1) and SFMNP check issuance registers (Certification of Issuance form FMC-3).
5. SFMNP site posters will be sent to AAAs for informational display in the office, at meal sites and/or community focal points for seniors.

Program Dates

Checks can be issued by the AAA from July 1 through September 30, 2013 only.

Checks may be **used** by recipients from July 1 – November 30, 2013 (see below).

Not all markets remain open through November 30. Please encourage recipients to use coupons as soon as possible.

Check Issuance Eligibility and Targeting Criteria

1. Issuance of SFMNP checks should be targeted to older adult **households** (one or more individuals 60+) who are, or affirm that they are, low-income based on one of the following criteria (A or B):
 - A. Gross monthly income at or below 185% of Federal Poverty Guidelines:
 - \$1,772/month for a one-person household;
 - \$2,392/month for a two-person household; or
 - \$3,011/month for a three-person household.

Income levels increase by \$619/month based on the number of persons in the applicant's household.

These figures are based on the Federal Poverty Guidelines published in the Federal Register in February 15, 2013, and in NYSOFA Issuance13-PI-02.

OR

- B. Applicant is currently receiving or eligible to receive one of the following benefits: Supplemental Security Income (SSI), public assistance, or Section 8 housing subsidy.
2. Selection of sites for issuance of SFMNP checks should be determined by the AAA in collaboration with appropriate agency partners to increase check distribution to low-income older adults.

Criteria for site selection for the distribution of the checks include the following:

- Sites in communities or neighborhoods with a high proportion of low income older adults;
- Sites in close or reasonable proximity to participating farmers markets; or
- Sites with access to group or public transportation on market days.

Please issue checks in as many communities with farmers markets as possible to increase geographic variability and to benefit the most farmers and low-income older adults. Please review the Participating Farmers Market list and note the communities with Farmers Markets in your county (including new markets). This information is available at the following internet address:

<http://www.agriculture.ny.gov/AP/CommunityFarmersMarkets.asp>

Recommended sites for targeted distribution to low-income older adults include, but are not limited to:

- Congregate nutrition sites in low-income areas,
- Low-income housing complexes, and
- Other sites that can efficiently serve current participants in programs such as SSI, food stamps, HEAP (Tier I), public assistance, or Section 8 housing subsidy that qualify older adults for SFMNP participation.

Farmers Markets in low-income communities may be used as issuance sites with the approval of the market sponsor or manager. Market sponsor or manager information can be located through the Farmers Market contact list available at:

<http://www.agriculture.ny.gov/AP/CommunityFarmersMarkets.asp>

3. SFMNP check issuance MUST occur to eligible older adults on a FIRST COME FIRST SERVE basis. Farmers Market checks cannot be reserved for “regulars” at congregate nutrition or other sites. Encourage older adults to participate only

if they are planning to use the coupons. Keep waiting lists, which is a USDA requirement.

Check Inventory and Handling

1. Each AAA will receive its allocated quantity of SFMNP booklets, packaged in sets of 20, from the NYS Department of Agriculture and Markets' printer by UPS or other delivery service. In addition, under separate cover the AAA will receive a corresponding check inventory form (FMC-1 – "Certification of Distribution of Farmers Market Checks") (duplicate-type form) (see Attachment B sample form).
2. The shipment of SFMNP checks must be accepted and signed for by the AAA director or staff assigned by the AAA director. When the checks are delivered the following procedures should be enacted immediately.

The checks should be reviewed to verify that the total amount and the check numbers correspond to the Certification of Distribution of Farmers' Market Check Form(s) FMC-1 sent under separate cover. Check each wrapped package of checks to verify that the full sequence of numbered check booklets has been received and indicate this by checking off the sequences on the FMC-1.

- Each original page of the FMC-1 form must be kept at the distribution site. The copy must be returned to the NYS Department of Agriculture and Markets in the envelope provided within two (2) days of receipt of the checks.

If the shipment of SFMNP checks is incomplete or inconsistent in any way with the FMC-1 inventory form(s), AAAs should immediately contact Jacqueline Follain at the Department of Agriculture & Markets by phone at 518-457-7076 or toll free at (800) 554-4501 or by e-mail Jacqueline.follain@agriculture.ny.gov. Please notify NYSOFA as well by email to L.Gibson@ofa.state.ny.us or by phone at (518) 486-2720.

3. The AAA must have a procedure in place for keeping track of where the SFMNP check booklets are being stored and issued. It is recommended that a copy of the original FMC-1 form – Certification of Distribution of Farmers Market Checks be made and used to track the location and allocation of the checks for issuance.
4. If an AAA distributes SFMNP checks at multiple locations or through other local agencies, a separate record for each location must be kept of when, where, and to whom SFMNP checks have been transferred from the AAA, bearing the signature of both the AAA and local staff persons involved. Each location must then follow all SFMNP issuance and record keeping procedures as the designated agent of the AAA.

5. All SFMNP checks must be stored in a secure, locked location until needed. Checks must NOT be kept on top of desks or other such places. The AAA (and/or any local agency partners) is responsible for ensuring the security of checks that have not yet been issued to participants.
6. When issuing SFMNP checks, the Issuance Certification form (FMC-3) (Attachment C) must be used (see section below). When each FMC-3 has been completed with the check booklet numbers and signatures of individual recipients receiving the booklets, the form must be signed and dated by the issuing officer. The agency must keep one copy of the form and send the original within two days of its completion to the NYS Department of Agriculture and Markets, using the mailing labels included with the package of forms.
7. If SFMNP checks are lost or stolen before issuance, they must be reported as follows:
 - Immediately report the numbers of any lost or stolen SFMNP checks by telephone to LaVerne Gibson at (518) 486-2720. NYSOFA will notify the Department of Agriculture and Markets. A decision will then be made as to whether the local police should be contacted, if this has not already occurred.
 - Lost or stolen SFMNP check numbers must be noted on the appropriate FMC-3 form by indicating that the checks were "stolen" or "lost." Enter any other pertinent information on the form regarding these checks.
 - Lost or stolen SFMNP checks cannot be replaced.

Check Issuance to Eligible Recipients

1. **Checks may only be issued to eligible older adults between July 1, 2013 and September 30, 2013. Recipients may use the checks until Nov. 30, 2013. (These dates are listed on the face of each check and in the check folders that are issued with the checks.) All unissued checks must be returned to the NYS Department of Agriculture and Markets.**
2. If you think you will not be able to issue all of your allocated SFMNP check booklets during the program period, contact Jacqueline Follain at the NYS Department of Agriculture and Markets toll free at (800) 554-4501 as soon as possible, preferably by August 16, 2013, so arrangements can be made to reallocate them to meet requests from AAAs that exceeded their 2013 SFMNP allocation. Since check booklets cannot be issued beyond September 30, 2013 it is important to return undistributed booklets quickly.

Promptly return any SFMNP check booklets you do not expect to issue, preferably by August 16, 2013, to the Department of Agriculture and Markets, enclosing an FMC-3 form indicating the SFMNP check booklet number(s) returned. On the FMC-3 form, write "Returned to the NYS Department of Agriculture and Markets" on the "Recipient's Signature" line. All returned checks must be accounted for on this FMC-3 form.

3. After explaining the program to the interested older adult, show him/her the SFMNP Statement of Eligibility (Attachment A). If he/she indicates that he/she is eligible, the individual must then sign the statement. This statement should be kept on file at the distribution site location.
4. The form also has the participant's Statement of Rights and Responsibilities and the Race/Ethnicity questions. You may need to help participants read the forms. To complete the questions about Race/Ethnicity, participants:
 - Check either Yes or No for the Hispanic/Latino question; and
 - Put a Y (for Yes) or N (for No) for each of the races listed.
5. To complete the Issuance Certification form (FMC-3) (Attachment C):
 - Enter the name and address of the AAA under "organization" and the name and address where the SFMNP checks are being issued under "place."
 - For "No." enter the five-digit SFMNP program number that has been assigned by the Department of Agriculture and Markets to your AAA or site. **This number can be found on the Certification of Distribution of Farmers Market Check form (FMC-1) directly above the AAA or site address.**
 - Enter the date the checks are being issued. Only one date may be used on each FMC-3 form -- a new form must be started each day.
 - Enter the check booklet number in the first column (the check booklet number is the nine-digit number of the first check in the booklet).
 - The recipient must sign in the recipient's signature column when he/she receives checks.
 - The issuing staff member must sign his/her initials in the last column.

- Collection of Race/Ethnicity data: As with other federal benefit programs, collection of data is used to help oversight agencies determine that benefits are distributed in a fair and equitable way. The Department of Agriculture and Markets has amended the FMC-3 form (Certificate of Issuance) to help capture this data.
- Please note, race and/or ethnicity will not determine eligibility. While participants are not required to disclose race or ethnicity AAAs should attempt to collect this data. If participants choose not to respond, the interviewer may indicate a response from their observation.

6. **Only ONE check booklet may be issued per eligible household regardless of how many low-income older adults comprise the household.**
7. Each SFMNP check booklet is worth \$20 and contains five (5) \$4.00 checks. Recipients **MUST** be issued the entire \$20 benefit. Booklets may **NOT** be subdivided among recipients to permit more older adults to participate in the program.
8. SFMNP check booklets should be issued in numerical sequence and the FMC-3 form completed in this sequence at each issuance site (if more than one site is used).
9. Eligible recipients must (1) personally sign the Statement of Eligibility form (see Attachment A) to receive SFMNP checks, and (2) initial the FMC-3 form (see below). **Checks cannot be mailed to eligible older adults. Proxies may not pick-up and sign for checks.** For older adults, with physical limitations, who are unable to come to an issuance site, the issuance must occur at the home and the recipient must sign for the checks.
10. As SFMNP checks are issued, each FMC-3 form must be signed and dated by the issuing officer at the bottom and sent to the NYS Department of Agriculture and Markets **within two days of completion, even if only one participant is issued checks during that period.** Staff should review the form for accuracy and completeness before sending it to NYS Department of Agriculture and Markets.

Instructing Seniors in the Use of the Checks

Many older adults may be confused about the rules and limitations placed on using the checks they receive. It is very important then that staff take special care in reviewing the rules with them.

1. When the checks are issued, the issuing officer should explain the purpose of the program (promote increased use of locally grown fresh fruits and vegetables and support local farmers), what a Farmers Market is (an assembly of individual local farmers – selling what they grow), the nature of the SFMNP checks (a booklet of five (5) \$4.00 checks worth \$20), and the key guidelines for their use (see below). This should be done either on a one-to-one basis or in a group setting. Staff should emphasize that:
 - SFMNP checks may only be used at authorized multiple vendor farmers markets participating in the program and not at grocery stores or roadside stands. <http://www.agriculture.ny.gov/AP/CommunityFarmersMarkets.asp>
 - Checks may only be used to buy locally grown fresh fruits and vegetables from participating farmers -- although other items are also commonly available at the markets. (Farmers will not accept the checks for ineligible items like cider, jams, honey, or baked goods, and recipients should not insist that the checks be accepted for them.)
 - Checks may only be used to buy from fruit or vegetable farmers who display the brightly colored Farmers' Market Nutrition Program sign saying, "We Gladly Accept Farmers Market Nutrition Program Checks."
 - Other vendors, such as producers of other food items or non-farmers will not accept the checks and recipients should not insist they do.
 - Checks can be used from July 1 through November 30, 2013.
 - Individual Farmers Market Checks are worth \$4.00. Farmers will not give change. If a purchase is less than \$4.00 or a multiple of \$4.00, farmers will add additional items of the recipient's choice to make up the difference.
2. In addition to the SFMNP check booklets, each recipient should be issued a SFMNP check pocket folder and a schedule of participating farmers markets in the area. The cover and inside of the pocket folder lists guidelines and additional suggestions for check use – such as "Come early for the best selection."
3. Once checks are issued to a recipient, the recipient is responsible for them.
Lost checks cannot be replaced.
4. The Department of Agriculture and Markets will ship a supply of pocket folders and market schedules similar to your agency allocation of check booklets. The Department will provide large SFMNP wall posters, which should be posted at the check distribution sites. The location, days and hours of operation of the

nearest participating Farmer's Market(s) should be written on the posters. If you need more copies of these posters, please call Jacqueline Follain at (518) 457-7076, or toll free at (800) 554-4501 or by e-mail to Jacqueline.follain@agriculture.ny.gov.

Coordination with Farmers Market Sponsor or Managers

1. It is strongly recommended that an AAA representative contact the sponsors or managers of farmers markets where SFMNP check redemption is most likely to occur, to discuss program operations. By clarifying the market's location, facilities, and schedule, as well as identifying the local produce items available at various times you will help maximize the benefits of the program for older adults and farmers. This added information can help AAA staff best explain the program. A visit to the market or a pre-season meeting with the manager will also be helpful.
2. If group transportation can be coordinated with the SFMNP, doing so can help to maximize redemption rates and program impact. If you are able to arrange this, it is particularly important to contact market sponsors and managers to help the market and farmers prepare for a group visit.
3. Farmers market sponsors are the organizations that operate farmers markets – including cities and villages, civic and not-for-profit organizations like chambers of commerce, and farmer cooperatives or associations. Market managers are the people responsible for on-site market operations. Market sponsor/manager contact names and telephone numbers are listed on the Department of Agriculture and Markets website given in this instruction.

Nutrition Education for the SFMNP

1. Cornell Cooperative Extension (CCE) may provide SFMNP-relevant nutrition education materials and, if feasible, nutrition education activities at SFMNP check issuance sites and/or participating farmers markets. This is subject to availability of local funding. It is important that AAAs explore and coordinate provision of this service with a nutrition educator at the local Cooperative Extension office in order to maximize the educational benefits of this program. Some county-based CCE nutrition educators host pre-season planning meetings regarding the FMNP that include representatives from AAAs, WIC local agencies, and farmer market sponsors or managers.
2. AAA or other agency nutrition staff are encouraged to provide nutrition education information and activities using materials such as those provided by Cooperative Extension. Information should focus on the benefits of purchasing fresh fruits and vegetables available at the markets, and the proper selection and preparation of fresh produce.

Problems or Complaints Regarding Farmers Markets

The Department of Agriculture and Markets staff visits the farmers markets participating in the SFMNP to check for compliance with program requirements. However, if you become aware of any problems or complaints the following steps should be taken:

1. Interview the recipient who reported the problem to determine the nature of the problem as specifically as possible (date, time, location). If an individual farmer at the farmers market is involved, try to obtain the name of the farm or farmer or location within the market where the problem occurred.
2. If possible, interview other recipients to determine whether there may be similar complaints to see if a pattern exists.
3. Contact the market sponsor or manager to report and resolve the problem. See <http://www.agriculture.ny.gov/AP/CommunityFarmersMarkets.asp>.
4. Also report the problem to LaVerne Gibson at (518) 486-2720. State the nature of the problem, the response you received from the market sponsor, and any suggestions you have to avoid the problem from happening again. Please do this whether or not you have resolved the problem yourself.
5. NYSOFA will contact the Department of Agriculture and Markets for their assistance, if necessary. The Department is in close communication with markets and farmers, and will follow up on reports.

Attachments

2013 Allocation Schedule by County

A: SFMNP Statement of Eligibility (NYSOFA English and Spanish)

B: Sample Certificate of Distribution of Farmers Market Check Forms (FMC-1)

C: Sample Farmers Market Check Program Issuance Certification (FMC-3)

PROGRAMS AFFECTED:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Title III-B | <input type="checkbox"/> Title III-C-1 | <input type="checkbox"/> Title III-C-2 |
| <input type="checkbox"/> Title III-D | <input type="checkbox"/> Title III-E | <input type="checkbox"/> Title III-F |
| <input type="checkbox"/> CSE | <input type="checkbox"/> SNAP | |
| <input type="checkbox"/> Energy | <input type="checkbox"/> EISEP | <input type="checkbox"/> Cash-in-Lieu |
| <input type="checkbox"/> Title V | <input type="checkbox"/> HIICAP | |
| <input type="checkbox"/> LTCOP | <input checked="" type="checkbox"/> Other: | |

CONTACT PERSON:

LaVerne Gibson

TELEPHONE: (518) 486-2720

**NEW YORK STATE OFFICE FOR THE AGING
FARMERS MARKET NUTRITION PROGRAM
COUPON BOOK ALLOCATION SCHEDULE SFY 2013-14**

REVISED

13-PI-10

<u>Area Agency</u>	<u>Total SNAP Award</u>	<u>Coupon Book Allocation</u>	<u>Dollar Value</u>
Albany	\$475,664	1,385	\$27,700
Allegany	202,768	569	11,380
Broome	263,774	741	14,820
Cattaraugus	212,678	607	12,140
Cayuga	209,885	589	11,780
Chautauqua	255,072	736	14,720
Chemung	214,988	604	12,080
Chenango	202,811	500	10,000
Clinton	205,773	578	11,560
Columbia	207,143	582	11,640
Cortland	201,475	566	11,320
Delaware	204,383	574	11,480
Dutchess	264,382	792	15,840
Erie	1,097,257	3,280	65,600
Essex	201,595	566	11,320
Franklin	204,918	605	12,100
Fulton	206,847	581	11,620
Genesee	203,771	572	11,440
Greene	203,172	570	11,400
Herkimer	210,423	591	11,820
Jefferson	212,930	598	11,960
Lewis	140,373	394	7,880
Livingston	143,969	350	7,000
Madison	203,859	500	10,000
Monroe	590,476	1,758	35,160
Montgomery	208,028	584	11,680
Nassau	1,050,291	2,000	40,000
Niagara	267,783	752	15,040
Oneida	471,065	1,422	28,440
Onondaga	500,131	1,704	34,080
Ontario	208,031	636	12,720
Orange	464,433	1,304	26,080
Orleans	199,668	561	11,220
Oswego	213,585	650	13,000
Otsego	206,202	409	8,180
Putnam	143,780	429	8,580
Rensselaer	250,562	703	14,060
Rockland	258,836	727	14,540
St Lawrence	217,578	656	13,120
Saratoga	215,833	556	11,120
Schenectady	251,524	736	14,720
Schoharie	141,268	320	6,400
Schuyler	137,893	300	6,000
Seneca	141,162	340	6,800
Steuben	215,483	605	12,100
Suffolk	974,746	2,737	54,740
Sullivan	210,011	450	9,000
Tioga	142,405	475	9,500
Tompkins	203,762	597	11,940
Ulster	254,547	765	15,300
Warren/Hamilton	205,824	578	11,560
Washington	204,145	500	10,000
Wayne	208,165	609	12,180
Westchester	1,040,546	3,271	65,420
Wyoming	142,145	449	8,980
Yates	140,137	393	7,860
New York City	10,758,592	30,353	607,060
Seneca Nation	68,711	203	4,060
St Regis Mohawk	68,742	193	3,860
Total	\$27,126,000	76,155	\$1,523,100

**SENIOR FARMERS MARKET NUTRITION PROGRAM (SFMNP)
2013 Statement of Eligibility**

I. I am:

- **60 years of age or older; AND**
 - **My monthly income is at or below**
\$1,772/month for a one-person household,
\$2,392/month for a two-person household,
\$3,011/month for a three-person household;
- OR**
- **Currently receiving or eligible to receive SSI, public assistance, or Section 8 housing subsidy;**

II. Also, I have not received Farmers Market checks from any other location.

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 for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

III. Please complete the following chart. These answers are optional but, if not completed, the interviewer may have to record them by observation. This information will not affect your eligibility.

Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*				
Yes	No	N	A	B	P	W

*Race/Ethnic codes: **N** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White

Signature

Date

PROGRAMA DE CUPONES DE MERCADO DE AGRICULTORES
Declaración de Elegibilidad Para el año 2013

I. Certifico que yo:

- **Tengo 60 años de edad o mayor; y**
- **Mis ingresos mensuales están en o debajo**
 \$1,772/ mes para una casa de una persona,
 \$2,392/ mes para una casa de dos-personas,
 \$3,011/ mes para una casa de tres-personas
o
- **Actualmente recibo, o soy elegible para recibir, Seguro Social (SSI), asistencia publica, o domicilio de subsidio de la sección 8(sección 8);**

II. No he recibido cupones de Mercado de agricultores de ningún otro programa.

He sido advertido sobre mis derechos y obligaciones bajo PROGRAMA DE CUPONES DE MERCADO DE AGRICULTORES. Certifico que la información que he proveído para la determinación de mi elegibilidad es correcta, según mi conocimiento. Este formulario de certificación está siendo remitido en conexión con el recibo de asistencia Federal. Oficiales del programa pueden verificar información en este formulario. Entiendo que hacer falsas o engañosas declaraciones intencionalmente, o representar falsamente o encubrir hechos intencionalmente puede resultar en pagarle a la agencia de Estado, en efectivo, el valor de los beneficios alimenticios que fueron impropriamente entregados a mí y puedo ser sometido a prosecución civil o criminal bajo la ley del Estado y Federal.

Estándares para elegibilidad y participación en el PROGRAMA DE CUPONES DE MERCADO DE AGRICULTORES son los mismos para todos, sin importar la raza, color, origen nacional, edad, incapacidad, o sexo. Entiendo que puedo apelar cualquier decisión hecha por la agencia local con respecto a mi elegibilidad para el PROGRAMA DE CUPONES DE MERCADO DE AGRICULTORES.

- III.** Por favor completa la forma siguiente. Esta información es voluntaria de su parte; sin embargo, si no las contesta, el entrevistador las contestará basándose en las observaciones que él/ella haga. Sus respuestas no afectarán su habilitación para recibir beneficios.

Hispano o Latino?		Indique S (SI) o N (No) para cada código de raza*				
Si	No	N	A	B	P	W

***Códigos de Raza/Etnia:** **N-** Indígena Norte Americano o Nativo de Alaska, **A-** Asiático, **B-** Negro o Afro-Americano, **P-** Nativo de Hawai o Islas del Pacifico, **W-** Blanco

Firma

Fecha

Attachment B - SAMPLE

FMC-1(REV 6/98) NYS DEPARTMENT OF AGRICULTURE AND MARKETS
1 WINNERS CIRCLE
ALBANY, NY 12235

CERTIFICATION OF DISTRIBUTION OF FARMERS MARKET CHECKS
THIS CERTIFIES THAT THE FOLLOWING CHECK BOOKLETS HAVE BEEN
RECEIVED FOR DISTRIBUTION TO ELIGIBLE RECIPIENTS AT –

50100
ALBANY COUNTY OFFICE FOR THE AGING
6th floor– SFMNP Coordinator
162 Washington Ave
ALBANY NY 12207

BOOKLET NUMBER	FIRST CHECK	LAST CHECK	RECEIVED?
19000001	19000001	19000010	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000011	19000011	19000020	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000021	19000021	19000030	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000031	19000031	19000040	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000041	19000041	19000050	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000051	19000051	19000060	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000061	19000061	19000070	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000071	19000071	19000080	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000081	19000081	19000090	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000091	19000091	19000100	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000101	19000101	19000110	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000111	19000111	19000120	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000121	19000121	19000130	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000131	19000131	19000140	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000141	19000141	19000150	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000151	19000151	19000160	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000161	19000161	19000170	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000171	19000171	19000180	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000181	19000181	19000190	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000191	19000191	19000200	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000201	19000201	19000210	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000211	19000211	19000220	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000221	19000221	19000230	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000231	19000231	19000240	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000241	19000241	19000250	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000251	19000251	19000260	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000261	19000261	19000270	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000271	19000271	19000280	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000281	19000281	19000290	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000291	19000291	19000300	<input type="checkbox"/> _Y <input type="checkbox"/> _N
19000301	19000301	19000310	<input type="checkbox"/> _Y <input type="checkbox"/> _N

