Department of Agriculture and Markets

Senior Farmers Market Nutrition Program (SFMNP)

STATEMENT OF ELIGIBILITY

Rev 04/23/2025

Complete the following chart. The answers you provide in this chart are optional and will not affect your eligibility for the SFMNP. Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex.

Ethnicity (select yes or no) Hispanic or Latino?			**Race** (select one or more)				
Yes	**No**		**American Indian or Native Alaskan**	**Asian**	**Black or African American**	**Native Hawaiian or Pacific Islander**	**White**

I certify that:

I. I am:
   a. 60 years of age or older; AND
   b. My monthly income is at or below the federal income guidelines for my household outlined in SFMNP Policy Memorandum #2025-1.
      i. $2,413/month (for a one-person household); Or
      ii. $3,261/month (for a two-person household); Or
      iii. $4,109/month (for a three-person household).

II. I have not received SFMNP coupons from any other location this year.

III. I have been advised of my rights and obligations under the SFMNP. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

IV. 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.

_____ _____

Signature (Participant) **Date**

****Internal Use Only****

Booklet Serial Number: _____ Program/Agency Name: _____ Site ID: _____

Program/Agency Representative's Name (Issuer): _____

Complaint Process: Civil Rights Violations

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: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, 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: (833) 256-1665 or (202) 690-7442; or

(3) email: program.intake@usda.gov.

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