

**Michigan Senior Project FRESH/Market FRESH  
SENIOR FARMERS' MARKET NUTRITION PROGRAM  
APPLICATION**

County \_\_\_\_\_

DATE OF APPLICATION: \_\_\_/\_\_\_/\_\_\_

PARTICIPANT INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ SEX: MALE  FEMALE  UNKNOWN

PHONE NUMBER: \_\_\_\_\_

The collection of race and ethnicity is requested solely for the purpose of determining the State agency's compliance with Federal civil rights laws and ensures that the program is administered in a non-discriminatory manner.

ETHNICITY CATEGORY:

- NOT HISPANIC OR LATINO
- HISPANIC OR LATINO

RACE CATEGORY (select one or more):

- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- WHITE
- UNKNOWN

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

Number in household? \_\_\_\_\_

Please indicate if you participate in any of the following programs:

- SNAP benefits (Bridge Card)       Food Bank       TFAP       CSFP-Commodities
- Congregate meals       Home delivered meals       Other food assistance programs

To be eligible to receive **Senior Project FRESH** (SFMNP) coupons, you must be at least 60 years of age and meet the income guidelines, which are based on 185% of the Federal Poverty Income Guidelines during the current fiscal year and live in the county where the coupons are being issued. Your signature indicates that you have seen, or been given a copy of the current income guidelines which are as follows, not to exceed:

For 1 person: \$23,107

For 2 people: \$31,284

If you have additional family members, please see the chart for the income eligibility.

**CERTIFICATION BY PARTICIPANT**

I have been advised of my rights and obligations for use of Senior Project FRESH coupons. I certify that that the information I have provided for my eligibility determination is correct, to the best of my knowledge. I am aware that I cannot receive farmers' market benefits from more than one state, more than one local agency or program model (check, coupon or CSA). This application is being submitted in connection with the receipt of Federal assistance (Senior Farmers Market Nutrition Program known in Michigan as Senior Project FRESH). 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.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the Michigan Senior Project FRESH program. I certify I meet the household size and income guidelines provided by the state and that I am eligible to receive Michigan Senior Project FRESH benefits.

Signature of Participant	Date
Signature of Staff/volunteer	Date

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Number of coupon books: \_\_\_\_\_ Coupon book numbers: \_\_\_\_\_

Applicant eligible?  Yes  given coupons  Put on wait list  
 No If no:  denial sent to client Date: \_\_\_\_\_

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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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