

Mid-Columbia Meals on Wheels
 2026 Senior Farmers Market Nutrition Program
Application and Affidavit of Eligibility

EACH INDIVIDUAL MUST COMPLETE THE APPLICATION IN FULL, INCLUDING SIGNATURE.
INCOMPLETE APPLICATIONS WILL BE RETURNED.

To apply for Farmers Market vouchers, please complete all portions on this side of the application. Spouses should each complete an individual application if they both wish to receive vouchers. Funding is limited, and applications will be processed in the order they are returned to our office. **Please print clearly**, and include apartment or trailer numbers in the address.

First Name	Last Name	Date of Birth
Please write above the address we should mail your vouchers		City
		ZIP Code
County	Phone Number	

Please check the boxes below. If you don't check all boxes, your application will be returned to you. You must meet all 3 requirements listed below to qualify for Farmer's Market vouchers. Your signature below certifies that you meet all three of the eligibility requirements:

- I am age 60 or older, OR Native American age 55+
- I verify I meet one of the following income requirements:
 - At or below \$29,526 Annually or \$2,461 Monthly Income for 1 person.
 - At or below \$40,034 Annually or \$3,337 Monthly Income for 2 people.
 - For larger households, add \$876 for each additional person.
- I am a resident of Washington.

 Signature Date

The USDA requires us to report race and ethnicity information. You must complete these questions in order to receive vouchers:

1. Do you consider yourself Hispanic/Latino? Yes No
2. Please check all ethnicities that apply to you:
 - American Indian or Alaska native
 - Asian
 - White
 - Black or African American
 - Native Hawaiian or Pacific Islander

Please check the appropriate box. (Check only one, please.)

- I can shop at the Farmer's Market myself. **(Do not complete back of this form.)**
- I have someone who will shop for me. **(Complete the Proxy Form on the back of this form.)**

Return this application as soon as possible to:

OR Mid-Columbia Meals on Wheels, 1824 Fowler St, Richland, WA, 99352
 OR Meals on Wheels Site Supervisor at any Senior Dining Center

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Please see below for more information.

Nondiscrimination

Freedom from discrimination

This institution is prohibited from discriminating on the basis age, sex, sexual orientation, gender, gender identity/expression, marital status, race, creed, color, national origin, religion or beliefs, political affiliation, military status, honorably discharged veteran, Vietnam Era, recently separated or other protected veteran status, the presence of any sensory, mental, physical disability or the use of a trained dog guide or service animal by a person with a disability, equal pay or genetic information. (RCW 49.60.030)

USDA Nondiscrimination Statement

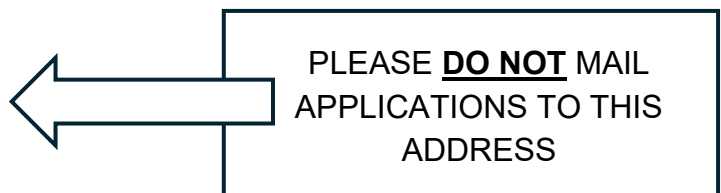
In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov



This institution is an equal opportunity provider.

Senior Farmers Market Nutrition Program

Proxy Form

Name of senior: _____ Birth date: _____

Address: _____

City: _____ Zip code: _____ County: _____

Phone: _____

The Senior Farmers Market Nutrition Program (SFMNP) provides fresh fruit and vegetables to lower-income seniors with the goal of improving their health and nutritional status. It also supports local farming by increasing the use of farmers markets and roadside stands.

Seniors are encouraged to be active participants in redeeming their benefits and choosing the fresh produce they will buy. If the senior is unable to fully participate in any part of the program due to disability or lack of transportation, they may designate by this proxy form a representative to participate on their behalf.

Name of representative: _____

Address: _____

City: _____ Zip code: _____ County: _____

Phone: _____

By signing this form, you appoint the above-named representative to represent your interests in the SFMNP. This can include signing the affidavit for eligibility, being issued benefits, receiving nutrition education, and redeeming benefits.

Senior Participant Signature

Date

If the senior applicant/participant is unable to sign and has a Durable Power of Attorney in effect, please attach a copy of the DPOA to this document.

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