



# APPLICATION - SENIOR FARMERS' MARKET NUTRITION PROGRAM

State Form 53250 (R1 / 10-09)  
Indiana State Department of Health

**INSTRUCTIONS:**

1. Fill out all blocks. This application will be returned to you without processing if any information is missing. If an item does not apply, put "NA" in that block.
2. Type or clearly print all information. Complete both sides of this form.

County \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

## PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/ZIP Phone Number

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number in Household: \_\_\_\_\_ Gender:  M  F  
mm/dd/yyyy

The collection of gender, 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. Your responses to these questions will not affect consideration of your application. If you choose not to self-identify gender, race, and ethnicity, the person taking the application must record the participant's race and ethnicity based on visual observation.

### ETHNICITY CATEGORY

- Hispanic or Latino
- Not 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
- Multi-Racial (Please specify above.)

To be eligible to receive Senior Farmers' Market Nutrition Program (SFMNP) checks, 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 checks are being issued.

### CURRENT PARTICIPANT

- Food Stamps
- TANF
- CFSP
- Member of a WIC Household

Monthly Income: \_\_\_\_\_ Income eligible?  Yes  No

Is applicant eligible?  Yes  Given SFMNP Checks

Issued SFMNP check numbers:  Yes, numbers \_\_\_\_\_ through \_\_\_\_\_.

No; denial provided to client: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

**PROXY**

A proxy is a person only authorized to receive and/or redeem SFMNP checks. A proxy should be at least 18 years of age and dependable for the duration of the program months of operation. In order for the checks to be issued to a proxy, the proxy must present identification as well as written approval from the participant. Proxies must sign the check register to receive checks. Proxies have the same obligations to follow program guidelines when purchasing fruits and vegetables from an authorized farmer.

I, \_\_\_\_\_ authorize the following individual(s) to act as my proxy.  
Participant signature

Assigned proxies: \_\_\_\_\_  
1<sup>st</sup> proxy named \_\_\_\_\_ 2<sup>nd</sup> proxy named \_\_\_\_\_

Check here if no proxy was assigned.

**CERTIFICATION BY PARTICIPANT**

I have been advised of my rights and obligations for use of SFMNP Checks. I certify 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 or more than one local agency. This application 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 Indiana SFMNP program 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 program. I certify that I meet the household size and income guidelines provided by the state and that I am eligible to receive SFMNP benefits.

\_\_\_\_\_  
Signature of Participant

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_  
Signature of Staff/Volunteer

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

*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, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer. In accordance with Indiana law, this program is prohibited from discriminating on the basis of religion. To file a complaint of religious discrimination, write to the Indiana Civil Rights Commission, Indiana Government Center-N103, 100 North Senate Avenue, Indianapolis, IN 46204. The ISDH is an equal opportunity provider and employer.*