



**2017
Ohio Senior Farmers'
Market Nutrition Program**

2155 Arlington Ave.
Toledo, OH 43609
419-382-0624

First Name:		Middle Initial:	Last Name:	
Date of Birth: (mm/dd/yy)		Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address: (include apartment number if applicable)				
City:		State:	ZIP Code:	
Please circle the county, where you live. Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Seneca, Williams & Wood		Telephone Number: ()		
Have you already received Senior Farmers' Market coupons this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where/how did you obtain these coupons? <input type="checkbox"/> Distribution Site <input type="checkbox"/> Mail		
Ethnicity: (select one) <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino		Race: (select one or more; information collected for federal statistics) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> African-American/Non Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian		
Personal Shopper/Proxy Name (if applicable):		Relationship to Participant:	Contact Number: ()	
State ID or Driver's License Number:		Personal Shopper / Proxy Signature:		

I certify that I am at least 60 years of age; a resident of this service area; have not received coupons at any other location; & total household income requirements are met.

*(Check box corresponding to your **TOTAL** household income)*

<input type="checkbox"/> 1 person in household with income of \$0 - \$22,311	<input type="checkbox"/> 2 persons in household with income of \$0 - \$30,044	<input type="checkbox"/> 3 persons in household with income of \$0 - \$37,777
<input type="checkbox"/> 4 persons in household with income of \$0 - \$45,510	<input type="checkbox"/> 5 persons in household with income of \$0 - \$53,243	<input type="checkbox"/> 6 persons in household with income of \$0 - \$60,976

Applicant's Signature: _____ Date: _____

I have been advised of my rights and obligations under the SFMNP. I certify the information I have provided is correct. This form is being submitted for Federal Assistance, and is subject to verification. I understand that 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 SFMNP. Information will not be shared except for the specific purposes of responding to your request for assistance.

USDA prohibits discrimination on the basis of race, color, national origin, gender, age, or disability.

Senior Farmer's Market Nutrition Program
Instructions

The Area Office on Aging of Northwestern Ohio, Inc. is pleased to send you an application to participate in the Senior Farmer's Market Nutrition Program (SFMNP). This program, funded by the U.S. Department of Agriculture, provides eligible seniors with coupons valued at \$50 for fresh, locally grown fruits, vegetables, herbs and honey.

You are eligible to receive SFMNP coupons if:

- You are 60 years of age or over
- You are a resident of Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Seneca, Williams or Wood Counties in Ohio or the city of Fostoria, Ohio
- Your annual income is \$0 - \$22,311 (if you live alone)
- Your annual income is \$0 - \$30,044 (for a household of two)

If you meet the requirements listed above, simply complete the 2017 SFMNP application form on the reverse side.

Remember----

- A new application must be completed for 2017.
- You must include your date of birth and age.
- You must check the appropriate household income box.
- You must sign the application.
- Each eligible person in your household must complete a separate application.
- If you are unable to redeem the coupons yourself, you may choose someone else (called a proxy) to redeem them for you.
- If you choose to name a proxy, you must complete the proxy information on the application.
- The proxy must also sign the application.

Incomplete information will delay your application. Please return the fully completed and signed application to:

Area Office on Aging of NWO, Inc.
Attn: SFMNP
2155 Arlington Avenue
Toledo, OH 43609

Direct any questions to Area Office on Aging's SFMNP Hotline at 419-382-0624 ext. 2227.

Applications will be processed and coupons mailed on a first-come, first-serve basis. You'll receive your coupons, when most produce is available. Unfortunately, we are not able to replace lost/stolen coupons.