



**Western Reserve**  
Area Agency on Aging

**2018**  
**Ohio Senior Farmers'**  
**Market Nutrition Program**

925 Euclid Avenue, Suite 600  
Cleveland, OH 44115  
216-672-5740

<b>First Name:</b>		<b>Middle Initial:</b>	<b>Last Name:</b>	
<b>Date of Birth:</b> (mm/dd/yy)			<b>Age:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Mailing Address:</b> (include apartment number if applicable)				
<b>City:</b>		<b>State:</b>	<b>ZIP Code:</b>	
<b>e-mail Address (Optional):</b>				
<b>Please circle the county, where you live.</b> Cuyahoga, Geauga, Lake, Lorain or Medina			<b>Telephone Number:</b> (       )	
<b>Have you already received Senior Farmers' Market coupons this year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If yes, where/how did you obtain these coupons?</b> <input type="checkbox"/> Distribution Site <input type="checkbox"/> Mail	
<b>Ethnicity:</b> (select one) <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino		<b>Race:</b> (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		
<b>Personal Shopper/Proxy Name (if applicable):</b>		<b>Relationship to Participant:</b>	<b>Contact Number:</b> (       )	
<b>State ID or Driver's License Number:</b>			<b>Personal Shopper / Proxy Signature:</b>	

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 - \$22,459	<input type="checkbox"/> 2 persons in household with income of \$0 - \$30,451	<input type="checkbox"/> 3 persons in household with income of \$0 - \$38,443
<input type="checkbox"/> 4 persons in household with income of \$0 - \$46,435	<input type="checkbox"/> 5 persons in household with income of \$0 - \$54,427	<input type="checkbox"/> 6 persons in household with income of \$0 - \$62,419

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.**

**For Distribution Sites Use Only**

The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting and civil rights compliance reporting are defined by OMB as follows:

**ETHNICITY**

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."

**RACE**

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

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For Distribution Site Use Only

You may be eligible for other services, please contact your local Area Agency on Aging or Information and Referral Service at:

\_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/> You are eligible and will receive \$50.00 in coupons  <input type="checkbox"/> You are eligible; however, coupons are not available at this time. You will be placed on a waiting list and will be contacted if additional funding is received.	<input type="checkbox"/> Unfortunately, you are not eligible because: <input type="checkbox"/> You are under 60 years of age  <input type="checkbox"/> You are not a resident of service area <input type="checkbox"/> Your income is above 185% of the poverty (see below) <input type="checkbox"/> You already received SFMNP coupons for this program year
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*"This form may contain personal information and we respect your privacy. Both the Area Agency on Aging and its information services providers protect access to this information using industry standard best practices such as encryption and user authentication. Also, your information will not be shared with any person or organization except for the specific purposes of responding to your request for assistance."*