

Mid-Columbia Meals on Wheels  
2022 Senior Farmers Market Nutrition Program  
**Application and Affidavit of Eligibility**

I would like to receive  
\$40 \_\_\_\_\_ \$80 \_\_\_\_\_

**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 \$25,142 Annually or \$2,096 Monthly Income for 1 person.
  - At or below \$33,874 Annually or \$2,823 Monthly Income for 2 people.
  - For larger households, add \$728 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  
Meals on Wheels Site Manager at any Senior Dining Center

## Senior Farmers Market Nutrition Program Proxy Form

Name of senior: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

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 checks 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: \_\_\_\_\_ Email \_\_\_\_\_

**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 checks, receiving nutrition education, and redeeming checks.**

\_\_\_\_\_  
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.

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 or disability or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.. To file a complaint, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (866) 632-9992 (voice) or (800) 877-8339 (TTY). Complaint can be emailed to [program.intake@usda.gov](mailto:program.intake@usda.gov) forms can be found on line at : [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) USDA is an equal opportunity provider and employer.