

**Michigan Senior Project FRESH/Market FRESH
SENIOR FARMERS' MARKET NUTRITION PROGRAM
APPLICATION**

County _____

DATE OF APPLICATION: ___/___/___

PARTICIPANT INFORMATION

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: ___/___/___ SEX: MALE FEMALE UNKNOWN

PHONE NUMBER: _____

The collection of 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.

ETHNICITY CATEGORY:

- NOT HISPANIC OR LATINO
- 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
- UNKNOWN

ADDRESS: _____
STREET CITY STATE ZIP

Number in household? _____

Please indicate if you participate in any of the following programs:

- SNAP benefits
- Food Bank
- TFAP
- CSFP-Commodities
- Congregate meals
- Home delivered meals
- Other food assistance programs

To be eligible to receive **Senior Project FRESH** (SFMNP) coupons, 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 coupons are being issued. Your signature indicates that you have been given a copy of the current income guidelines which are as follows, not to exceed:

For 1 person: \$22,459

For 2 people: \$30,451

If you have additional family members, please see the chart for the income eligibility.

CERTIFICATION BY PARTICIPANT

I have been advised of my rights and obligations for use of Senior Project FRESH coupons. I certify that 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, more than one local agency or program model (check, coupon or CSA). This application is being submitted in connection with the receipt of Federal assistance (Senior Farmers Market Nutrition Program known in Michigan as Senior Project FRESH). 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.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the Michigan Senior Project FRESH program. I certify I meet the household size and income guidelines provided by the state and that I am eligible to receive Michigan Senior Project FRESH benefits.

Signature of Participant	Date
Signature of Staff/volunteer	Date

Number of coupon books: _____ Coupon book numbers: _____

Applicant eligible? Yes given coupons Put on wait list
 No If no: denial sent to client Date: _____

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

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