



**CERTIFICATION BY PARTICIPANT**

I have been advised of my rights and obligations for use of Senior Project FRESH coupons. 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, 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.

***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.***

***To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer***

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 2011 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

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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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