

**Michigan Senior Project FRESH
SENIOR FARMERS' MARKET NUTRITION PROGRAM
2010 APPLICATION**

NEW APPLICANT RETURN APPLICANT

County _____

DATE OF APPLICATION: ____/____/____

PARTICIPANT INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____
STREET CITY ZIP

PHONE NUMBER _____

SEX: M F DATE OF BIRTH: ____/____/____

NUMBER OF PEOPLE LIVING IN YOUR HOME (COUNT YOURSELF): _____

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. Your responses to these questions will not affect consideration of your application. If you choose not to self-identify race and ethnicity, the person taking the application must record the participant's race and ethnicity based on visual observation.

ETHNICITY CATEGORY:

- HISPANIC OR LATINO
- NOT 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

To be eligible to receive 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 for this fiscal year.

(Continued on back)

"This institution is an equal opportunity provider and employer."

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 Project FRESH). Program officials may verify information on this form. 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. Standards for eligibility and participation in the Michigan Senior Project FRESH program are the same for everyone, regardless of race, color, national origin, age, disability or sex. 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 2010 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

For Staff Use Only

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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PROXY for 2010 Senior Project FRESH

A proxy is a person only authorized to receive and/or redeem SFMNP coupons. A proxy should be at least 18 years of age and dependable for the duration of the program months of operation. In order for the coupons to be issued to a proxy, the proxy must be present identification as well as written approval from the participant. Proxies must sign the coupon book and the coupon register to receive coupons. Proxies have the same obligations to follow program guidelines when purchasing fruits and vegetables from an authorized farmer.

I, _____ authorize the following individual(s) to act as my proxy.
Participant signature

Assigned proxies: _____
1st proxy named

2nd proxy named