



# 2020 Senior Farmers' Market Nutrition Program

## Application Information

The Seniors Farmers' Market Nutrition Program (SFMNP) provides low-income seniors with eligible fresh produce with the goal of improving their health and nutritional status. Each SFMNP participant will receive a book of coupons worth \$50.00 (ten \$5.00 coupons) to exchange for fresh, nutritious, and unprocessed locally grown fruits, vegetables, herbs, and honey from an authorized farmer, farmers' market, or roadside stand (outlet).

### How SFMNP Works

- 1. Apply with your Local Agency.** Complete the enclosed SFMNP Application Form for each person in the household who qualifies for SFMNP benefits. **Applicants must be certified to participate each year. This is a very popular, seasonal program, and the number of people who can be served is limited. Please apply EARLY – in March or April. In most counties, people who apply later cannot be served. (Final deadline for forms to be received by the local agency is Friday, September 18, 2020, if coupons are still available.)** The eligibility requirements are based on 185% of the Federal Poverty Level for Hawaii for 2020:

<b>Categorical</b>	At least 60 years old - AND
<b>Maximum Annual Household Income</b>	\$27,158 One Person
	\$36,686 Two Persons
	Add \$9,528 per additional household member (including children)
<b>Residency</b>	You only receive coupons for the County where you reside, and must use them there.

**Qualify.** Qualified participants will be sent one coupon booklet of ten coupons and a coupon handout, with a schedule of outlets where the coupons can be used. Coupons may only be used in the County of issuance and you may not apply for benefits in more than one County.

- 2. Shop.**
  - SFMNP coupons can be used starting April 1, 2020, and must be used by September 30, 2020.
  - Only SFMNP participants or authorized representatives (proxies) may use the SFMNP coupons. A proxy must have been designated on the enclosed SFMNP Application Form.
  - Take the coupon booklet to the farmers' markets listed on the schedule of SFMNP farmers' market.
  - Authorized outlets will have a sign showing that they will accept SFMNP coupons.
  - No cash change may be given. Please try to use the full \$5.00 amount of each coupon.

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**SEND YOUR APPLICATION TO YOUR LOCAL AGENCY  
 CONTACT YOUR LOCAL AGENCY FOR MORE INFORMATION OR ASSISTANCE**

<b>Oahu:</b>	<b>Hawaii County</b>	<b>Maui Economic</b>	
<b>Hawaii Foodbank, Inc.</b>	<b>Economic</b>	<b>Opportunity</b>	<b>Hawaii Foodbank - Kauai</b>
2611 Kilihau Street	<b>Opportunity Council</b>	99 Mahalani Street	4241-A Hanahao Place, #101
Honolulu, Hawaii 96819	47 Rainbow Drive	Wailuku, Hawaii 96793	Lihue, Hawaii 96766
(808) 954-7889/836-3600	Hilo, Hawaii 96720	(808) 249-2990	(808) 482-2224
	(808) 961-2681		

## SFMNP RIGHTS AND RESPONSIBILITIES

### Your Rights

As an applicant/participant in SFMNP you have the following rights to:

- Be treated with dignity, respect, and without discrimination.
- Be notified in writing, within 15 days of applying, if you are determined not to be eligible.
- Appeal an ineligibility decision if you feel that determination was made in error.
- Have information you provided kept private unless you request for it to be shared.
- Make a complaint if you feel you have not been treated fairly.
- Have clear directions of how and where to use the coupons you receive.
- Learn about other services that may be available. Contact your local agency for services in your area.
- File a complaint with your local agency if farmer or farmers' market program practices are improper.

### Your Responsibilities

As an applicant/participant in SFMNP you have the following responsibilities:

- Provide correct information, to the best of your knowledge, to determine eligibility.
- Understand that giving false information and/or intentionally concealing facts could result in your paying back benefits or legal action.
- **Understand that attempting to collect benefits more than once or at multiple distribution sites during a season will result in termination from the program.**
- The fresh produce you obtain through this program is for your consumption. It is not for sale.
- Safeguard the coupons you receive. Keep them in your wallet or purse, like cash. Please report to your local agency if they are lost or stolen. Lost or stolen coupons will not be replaced.
- Apply for and redeem your coupons promptly. Don't wait until the end of season. Deadline to use coupons is September 30, 2020. Coupons cannot be redeemed for cash or for ineligible produce.
- This is a very popular seasonal program, funding is limited, and not everyone can be served. Coupons are issued on a first-come, first-served basis.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed COMPLAINT form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

THE USDA ADDRESS IS ONLY FOR CIVIL RIGHTS COMPLAINTS.

DO NOT SEND YOUR APPLICATION TO USDA – SEND APPLICATIONS TO YOUR LOCAL AGENCY

# 2020 Senior Farmers' Market Nutrition Program

IMPORTANT: This program is seasonal—April 1 to September 30, and it is very popular. Spaces are extremely limited. Submit your application ASAP. Most counties' spaces fill up by May or June. Late applicants will be wait-listed.

**Please mail completed application to:  
Hawaii Foodbank, 2611 Kilihaui Street, Honolulu, HI 96819**

<b>Name (Last, First, M.I.) - PRINT CLEARLY</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth (MM/DD/YYYY)</b>
I certify that <b>all</b> of the following statements are true and correct: <ol style="list-style-type: none"> <li>I am at least 60 years of age.</li> <li>I reside in the county where I am requesting to receive food coupons.</li> <li>I have not received coupons at any other location for the 2020 program year.</li> <li>I meet the total household income requirement stated below.</li> </ol>			
1 person household income of less than \$27,158.	2 person household income of less than \$36,686.	For each additional person, add \$9,528 per additional household member (including children)	
<b>Mailing Address (Include apartment or unit number) - PRINT CLEARLY</b>		<b>City, Zip Code</b>	
<b>Email Address</b>		<b>Telephone Number</b>	

## DESIGNATION OF A PROXY (Optional)

A "proxy" or "authorized representative" is defined as an individual authorized by an eligible participant to act on the participant's behalf, including submission of application for certification, receipt of SFMNP coupons or other benefits, or use of SFMNP coupons at authorized outlets as long as the SFMNP benefits are ultimately received by the eligible senior. If you want your proxy instead of yourself, insert proxy's address here: \_\_\_\_\_, Hawaii \_\_\_\_\_

<b>Proxy Name (Last, First, M.I)</b>	<b>Relationship</b>	<b>Proxy Phone Number</b>
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## ETHNIC BACKGROUND

USDA requires the State to obtain race and ethnic information. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws. Your response will not affect consideration of your application.

<b>Please check one:</b> Do you consider yourself Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Please check all that apply:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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### Certification Statement

I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. 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 SFMNP are the same for everyone, regardless of race, color, national origin, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date (MM/DD/YY)**