





2023 APPLICATION



		RETURN COMPLETED APPLICATION TO: AAA7 - SFMNP 1 Acy Ave Jackson, OH 45640	800-343-8112
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Each applicant must complete and submit a separate application for each program year.

First Name	Middle Initial	Last Name			
Birth Date (mm/dd/yyyy) <i>Must be at least 60 years old to participate</i>		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Answer
Mailing Address					
City	Zip Code	County			
Telephone Number					
Email Address					
Race (select all that apply)					
<input type="checkbox"/> American Indian/Native Alaskan		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White, Non-Hispanic	
<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> White, Hispanic	
Nationality (select all that apply)					
<input type="checkbox"/> Hispanic or Latino					
<input type="checkbox"/> Not Hispanic or Latino					
<input type="checkbox"/> Unknown					

Complete the following information **ONLY** if applicant is designating an authorized shopper.

Authorized Shopper Name			
Relationship to Participant	Telephone Number		

Check box corresponding to your **TOTAL** annual household income and household size.

<input type="checkbox"/>	1 person in household with income of \$0-\$26,973	<input type="checkbox"/>	2 persons in household with income of \$0-\$36,482	<input type="checkbox"/>	3 persons in household with income of \$0-\$45,991
<input type="checkbox"/>	4 persons in household with income of \$0-\$55,500	<input type="checkbox"/>	5 persons in household with income of \$0-\$65,009	<input type="checkbox"/>	6 persons in household with income of \$0-\$74,518

I certify that I am at least 60 years of age; a resident of this service area; have not received Ohio Senior Farmers' Market Nutrition Program 2023 coupons at any other location; and have a total household income that meets income requirements.

Applicant Signature	Date	
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I have been advised of my rights and obligations under the Ohio Senior Farmers' Market Nutrition Program (SFMNP). I certify the information I have provided is correct. This form is being submitted for Federal Assistance and is subject to verification. I understand that 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 SFMNP. Information will not be shared except for the specific purposes of responding to your request for assistance.



2023 SENIOR FARMERS' MARKET NUTRITION PROGRAM

**\$50 IN COUPONS
to be used
May 1 – October 31**

- **MUST** be age 60 or older at time of application
- **MUST** live in one of our ten counties: Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto or Vinton
- **MUST** meet household income guidelines of 185% of the Federal Poverty Level (see application to check eligibility)

Ways to obtain an application:

- 1) Ask your local senior center or provider for an application
- 2) Access the Area Agency on Aging District 7 website at www.aaa7.org
- 3) Call 1-800-343-8112 to request an application

Coupons will be distributed on a first-come/first-serve basis per county (based on postmark dates). When coupons have been depleted, we will maintain a waiting list in the event additional funds become available.

To obtain further information, including a list of items eligible to be purchased with the coupons, visit www.aaa7.org

Sponsored by: United States Department of Agriculture,
Ohio Department of Aging and
Area Agency on Aging District 7, Inc.

“Services Rendered on a Non-Discriminatory Basis”