
		<b>2010 Ohio Senior Farmers' Market Nutrition Program</b>		 Area Office on Aging of Northwestern Ohio, Inc.		2155 Arlington Ave. Toledo, OH 43609	
First Name:			Middle Initial:		Last Name:		
Date of Birth: (mm/dd/yy)			Age:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Mailing Address: (include apartment number if applicable)							
City:			State:		ZIP Code:		
County: (where you live)				Telephone Number: (include area code) (    )			
Have you signed up for coupons at any other distribution site for the <u>2010 program</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, at which site did you pick up these coupons?			
Ethnicity: (Select one you identify with:) <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino			Race: (Select one or more you identify with; collected for statistical purposes only) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> African-American/Non Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Staff selected				
Proxy's Name (if applicable):			Relationship to Participant:		Proxy's Telephone Number: (    )		
Proxy's State ID or Driver's License Number:				Proxy's signature:			

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. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

I hereby declare I am **60 years of age or older**; have an income of **\$20,035 or less for a single person, or \$26,954 or less for a household of two**; **have not applied for coupons at any other location**; and **will follow the guidelines of the SFMNP**.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution Site: \_\_\_\_\_

Information will not be shared except for the specific purposes of responding to your request for assistance

***The USDA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability.***

Senior Farmer's Market Nutrition Program  
**Instructions**

The Area Office on Aging of Northwestern Ohio, Inc. is pleased to send you an application to participate in the Senior Farmer's Market Nutrition Program (SFMNP). This program, funded by the U. S. Department of Agriculture, provides eligible seniors with coupons valued at \$50 for fresh, locally grown fruits, vegetables, herbs and honey.

You are eligible to receive SFMNP coupons if:

- You are 60 years of age or over
- You are a resident of the state of Ohio
- Your annual income is \$20,035 or less (if you live alone)
- Your annual income is \$26,954 or less (for a household of two)

If you meet the requirements listed above, simply complete the 2010 SFMNP application form on the reverse side.

Remember----

- A new application must be completed for 2010.
- You must include your date of birth and age.
- You must sign the application.
- Each eligible person in your household must complete a separate application
- If you are unable to redeem the coupons yourself, you may choose someone else (called a proxy) to redeem them for you.
- If you choose to name a proxy, you must complete the proxy information on the application.
- The proxy must also sign the application.

Incomplete information will delay your application. Please return the fully completed and signed application to:

Area Office on Aging of NWO, Inc.  
2155 Arlington Avenue  
Toledo, OH 43609

Direct any questions to The Aging Resource Center at 419-382-0624.

Applications will be processed and coupons mailed on a first-come, first-serve basis. Coupons will be mailed by June 15<sup>th</sup> for applications received by May 15<sup>th</sup>. After June 15<sup>th</sup>, coupons will be mailed as applications are processed. Unfortunately, we are not able to replace lost/stolen coupons.