SENIOR FARMERS MARKET NUTRITION PROGRAM

RHODE ISLAND SFMNP

dem.ri.gov/sfmnp

For official use only

Card Number:_____

2024 Senior Farmers Market Nutrition Program (SFMNP) Application

Household Size	Annual Gross Income Limit:
1	$ 27,861
2	$ 37,814
3	$ 47,767
Each additional individual, add $ 9,953 annually	

1) **Are you 60+ years of age; or are you disabled and currently living in a housing facility where congregate nutrition services are provided?**
   Yes: ☐ No: ☐
2) **Is your household income less than or equal to the limits provided above?**
   Yes: ☐ No: ☐
3) **Are you a Rhode Island resident?**
   Yes: ☐ No: ☐

If you answered yes to all three questions, you are eligible for RI SFMNP benefits. SFMNP benefits are limited to one issuance per household per year.

Applicant Name (print): _____

Applicant Signature: _____ **Date:** _____

Phone Number: _____ **Zip Code:** _____

Demographic Information – Answer both parts, please mark all applicable boxes

I identify as: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

I identify as: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Proxy Statement: I give permission for _____ to pick up an SFMNP benefit card on my behalf and/or redeem benefits on my SFMNP benefit card at authorized farmers markets and farm stands on my behalf.

DEM RHODE ISLAND · RI GROWN GET FRESH, BUY LOCAL · RHODE ISLAND OFFICE OF Healthy Aging · FARM FRESH RI

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SFMNP Participant Rights and Obligations:

As a participant of the RI SFMNP you have the right: to be treated with dignity, respect, and without discrimination; to be notified in writing within 15 days of application if you are not determined eligible; to appeal an ineligibility decision if you feel that determination was made in error; to have information you provided for the purposes of this program be kept private unless you request for it to be shared; to make a complaint if you feel you have not been treated fairly; to have clear directions of how and where to use any SFMNP benefits you receive; and to learn about other services available to you. As a participant of the RI SFMNP you have the obligation: to give correct information to the best of your knowledge towards the effort of determining eligibility; to understand that giving false information and/or intentionally concealing facts could result in loss of benefits, potentially being required to pay the state back for benefits received in error or legal action; to understand that an attempt to collect benefits exceeding the allowable amount of $50.00 or attempting to collect benefits from multiple distribution sites will result in expulsion from the program; to consume the fresh produce obtained through this program yourself; to safeguard the benefits you receive. Please report lost or stolen benefits to the issuing agency. Lost or stolen benefit cards may be replaced by the issuing agency; to redeem your benefits with an authorized farmer between May 1st and November 30th of the year they were received; and to understand that funding is limited for this program, and that benefits are provided on a first come, first served basis until funding is exhausted.

By signing this form, I acknowledge that 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, age, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

By providing my phone number of the purposes of the SFMNP I am giving permission to the RI DEM to contact me with information regarding the SFMNP. This is not mandatory for program participation.

Non-Discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410	**Fax:** (833) 256-1665 or (202) 690-7442	**Email:** program.intake@usda.gov

This institution is an equal opportunity provider.

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