

Senior Farmers Market Nutrition Program

2023 Bulk Purchase Program

Department of Environmental Management, Office of Healthy Aging, Farm Fresh Rhode Island

Do you want a **FREE** box of fresh, Rhode Island grown fruits and vegetables?

Contact your site coordinator for more information!

Site Coordinator: _____

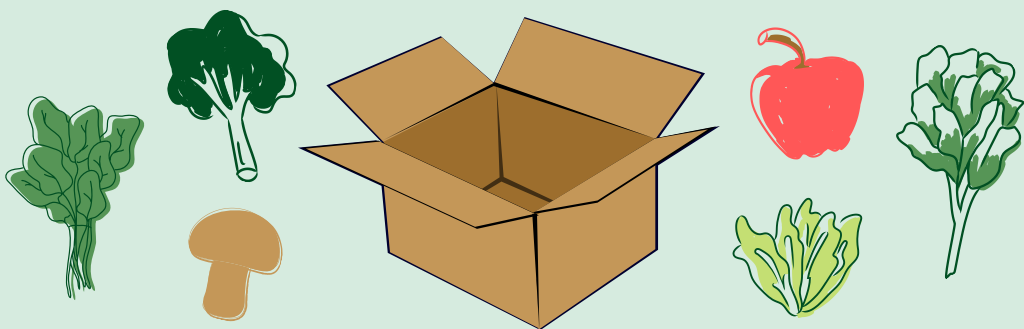
Address: _____

Email: _____

Phone: _____

Please contact your site coordinator by

_____ to participate.



The Senior Farmers Market Nutrition Program provides low-income seniors with access to healthful foods and increases community support of RI grown foods!

**This program replaces SFMNP Senior Checks, no physical checks will be distributed during the 2023 season.*

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Do you want a FREE box of fresh, RI grown fruits and vegetables?



Number of family members:	Annual Income:
1	\$ 26,973
2	\$ 36,482
3	\$ 45,991
4	\$ 55,500
5	\$ 65,009
6	\$ 74,518
7	\$ 84,027
8	\$ 93,536
Each additional member add:	\$ 9,509

1. **Are you 60+ years of age or do you receive SSDI?**
2. **Do you earn less than the income stated above?**
3. **Are you a Rhode Island resident?**
4. **Have you received less than \$50 worth of produce box deliveries this year?**

If you answered "yes" to all 4 questions, you are eligible for a free produce box! Contact your site coordinator by _____ to sign up.

Site Coordinator: _____

Address: _____

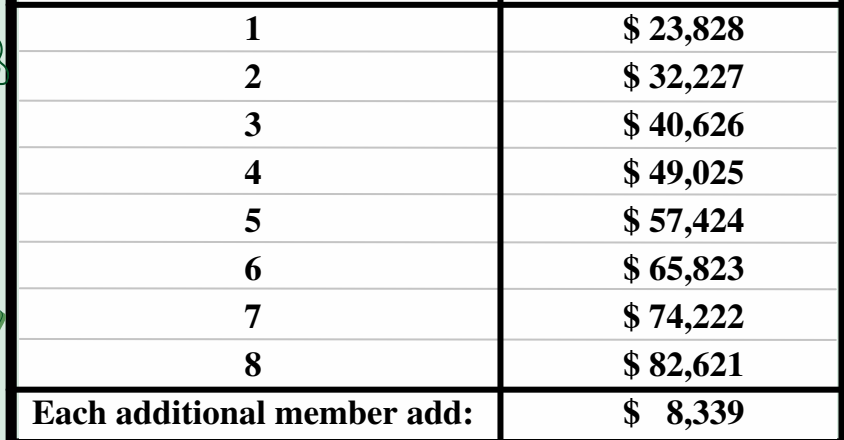
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**Do you want a FREE box of fresh, RI
grown fruits and vegetables?**



Number of family members:	Annual Income:
1	\$ 23,828
2	\$ 32,227
3	\$ 40,626
4	\$ 49,025
5	\$ 57,424
6	\$ 65,823
7	\$ 74,222
8	\$ 82,621
Each additional member add:	\$ 8,339

1. Are you 60+ years of age or do you receive SSDI?
2. Do you earn less than the income stated above?
3. Are you a Rhode Island resident?
4. Have you received less than \$50 worth of produce box deliveries this year?

If you answered "yes" to all 4 questions, you are eligible for a free produce box! Fill out your name and apartment number and return this page to your site coordinator by _____.

Resident Name: _____

Apartment Number: _____

Site Coordinator: _____

Address: _____

Email: _____

Phone: _____