



Department of Labor and Industrial Relations, Office of Community Services

2017 Senior Farmers' Market Nutrition Program (SFMNP)

Application Handout

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.** Complete the enclosed SFMNP Application Form for each person in the household that qualifies for SFMNP benefits. **Applicants must be certified to participate each year.** The eligibility requirements are:

Categorical	At least 60 years old OR
	Native American 55 years or older OR
	Disabled Individual less than 60 years old. (For the SFMNP, a "disabled individual" is defined as those currently living in housing facilities occupied primarily by older individuals where congregate nutrition services are provided.)
Maximum Annual Household Income	\$25,290 One Person
	\$34,096 Two Persons
	Add \$8,806 per additional household member (including children)
Residency	Must reside in the county of service area applying to

2. **Qualify.** Qualified participants will be sent coupon books and a schedule of outlets where the coupons can be used.
3. **Shop.**
 - a. SFMNP coupons must be used by September 30, 2017.
 - b. Only SFMNP participants or authorized representatives (proxy) may use the SFMNP coupons. A proxy must have been designated on the enclosed SFMNP Application Form.
 - c. Bring the coupon booklet to the farmers' market listed on the schedule of SFMNP farmers' market.
 - d. Authorized outlets will have a sign showing that they will accept SFMNP coupons.
 - e. No cash change may be given. Try to use the full \$5.00 amount of each coupon.

FOR MORE INFORMATION OR ASSISTANCE:

Call: (808) 586-8675

Email: dlir.ocs@hawaii.gov

Web: labor.hawaii.gov/ocs

Mail: DLIR/OCS, 830 Punchbowl Street, Room 420, Honolulu, HI 96813

SFMNP RIGHTS AND RESPONSIBILITIES

Your Rights

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

- To be treated with dignity, respect, and without discrimination.
- To be notified in writing, within 15 days of applying, 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 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 the coupons you receive.
- To learn about other services that may be available to you. You may contact your local agency for services in your area.

Your Responsibilities

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

- To give correct information, to the best of your knowledge, to determine eligibility.
- To understand that giving false information and/or intentionally concealing facts could result in your paying back benefits or legal action.
- To understand that attempting to collect benefits more than once or at multiple distribution sites during a season will result in termination from the program.
- To consume the fresh produce obtained through this program yourself.
- To safeguard the coupons you receive. Please report if they are lost or stolen (phone: (808) 586-8675; email: dlir.ocs@hawaii.gov). They cannot be replaced.
- To redeem your coupons with an Authorized Outlet between June 1 and September 30.
- To understand that funding is limited for this program and it is served on a first come, first served basis, subject to the availability of funding.

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, 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 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.

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