



Please read this application, the accompanying application handout, and print or type clearly.

For Official Use Only:

Coupon # _____



Hawaii County Economic Opportunity Council



Maui Economic Opportunity Inc.



2018 Senior Farmers' Market Nutrition Program (SFMNP) Application Form

The Senior Farmers' Market Nutrition Program (SFMNP) provides low-income seniors with eligible fresh produce with the goal of improving their health and nutritional status. Applicants must be certified to participate each year. The number of participants is limited and on a first-come, first-serve basis.

DEADLINE: Applications must be RECEIVED by Friday, September 21, 2018.

Please mail completed application to:
 Department of Labor and Industrial Relations
 Office of Community Services
 830 Punchbowl Street, Room 420
 Honolulu, Hawaii 96813

I am a resident of and applying for SFMNP benefits in the county of:

Hawaii Honolulu/Oahu Kauai Maui

Please check if applicable: I have not previously applied for Senior Farmers' Market benefits in 2018.

Name (Last, First, M.I.)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
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Eligibility Criteria - Please check all that apply:

I am at least 60 years of age I am a Native American at least 55 years of age

I am a disabled individual less than 60 years old and living in a housing facility occupied primarily by older individuals where congregate nutrition services are provided.

Maximum Annual Household Income Eligibility Requirement - Please check if applicable to your household income

My household income is less than 185% of the U.S. Poverty Rate of Hawaii

- Less than \$25,826 for a one person household
- Less than \$35,020.50 for a two person household
- For each additional person, add \$9,194.50 per additional household member (including children)

Residential Address (Including unit #)	City, Zip Code
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Mailing Address (Incl unit #), if different from above	City, Zip Code
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Email Address	Telephone Number
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PLEASE TURN OVER TO COMPLETE APPLICATION

ETHNIC BACKGROUND

USDA requires the State to obtain race and ethnic information. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws. Your response will not affect consideration of your application.

Please check one: Do you consider yourself Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please check all that apply: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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PROXY

A "proxy" or "authorized representative" is defined as an individual authorized by an eligible participant to act on the participant's behalf, including submission of application for certification, receipt of SFMNP coupons or other benefits, or use of SFMNP coupons at authorized outlets as long as the SFMNP benefits are ultimately received by the eligible senior.

I hereby authorize the following individual to act as my authorized representative for the SFMNP to submit my application for certification, receive my SFMNP coupons or other benefits, or shop at a farmers' market on my behalf.

Proxy Name (Last, First, M.I)	Relationship	Proxy Phone Number
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Certification Statement

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 signing this form, I certify that I meet all of the categorical, income, and residency eligibility requirements; have and will not apply for SFMNP benefits in another county service area, acknowledging it is illegal to partake in dual participation; and acknowledge that I have been given SFMNP Rights and Responsibility information.

Applicant Signature

Date (MM/DD/YY)

FOR MORE INFORMATION OR ASSISTANCE, PLEASE CONTACT YOUR LOCAL AGENCY:

Hawaii Foodbank, Inc. (808) 954-7889/(808) 836-3600	Hawaii County Economic Opportunity Council (808) 961-2681	Maui Economic Opportunity (808) 249-2990	Hawaii Foodbank - Kauai (808) 482-2224
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