Ohio | Department of Aging

APPLICATION

# Ohio Senior Famers' Market Nutrition Program 2021

DIRECTION HOME OF EASTERN OHIO
RESOURCES ON AGING & DISABILITIES

**RETURN COMPLETED APPLICATION TO:**

**Direction Home of Eastern Ohio** 1-800-686-7367
**1030 North Meridian Road** 330-505-2300
**Youngstown, Ohio 44509** FAX 330-530-8862

Each applicant must complete and submit a separate application for each program year.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| First Name | | Last Name | | | | | | |
| Date of Birth (mm/dd/yyyy) | | Gender | ☐ | Male | ☐ | Female | ☐ | No Answer |
| Mailing Address | | | | | | | | |
| City | | Zip Code | | County | | | | |
| Telephone Number | | | | | | | | |
| Email Address | | | | | | | | |

| | | | | |
|---|---|---|---|---|
| Race (select all that apply) | ☐ | American Indian/Native Alaskan | ☐ | Native Hawaiian/Pacific Islander |
| | ☐ | Asian | ☐ | White |
| | ☐ | Black/African American | ☐ | Other |
| Nationality (select all that apply) | ☐ | Arabic | ☐ | Hawaii, Guam, Samoa, Pacific Islands origin |
| | ☐ | Chinese | ☐ | Of Spanish origin or culture, regardless of race |
| | ☐ | Europe, the middle east, or North African origins | ☐ | Origins in black racial groups of Africa |
| | ☐ | Far East, Southeast Asia, Indian subcontinent origins | ☐ | Of an ethnic race other than those listed |

Complete the following information ONLY if applicant is designating an authorized shopper.

| | | | |
|---|---|---|---|
| Authorized Shopper Name | | | |
| Relationship to Participant | | Telephone Number | |

Check box corresponding to your TOTAL annual household income

| | | | | | |
|---|---|---|---|---|---|
| ☐ | 1 person in household with income of $0 - $23,828 | ☐ | 2 persons in household with income of $0 - $32,227 | ☐ | 3 persons in household with income of $0 - $40,626 |
| ☐ | 4 persons in household with income of $0 - $49,025 | ☐ | 5 persons in household with income of $0 - $57,424 | ☐ | 6 persons in household with income of $0 - $65,823 |

I certify that I am at least 60 years of age; a resident of this service area; have not received Ohio Senior Famers' Market Nutrition Program 2021 coupons at any other location; and have a total household income that meets income requirements.

| | | | |
|---|---|---|---|
| Applicant Signature | | Date | |

I have been advised of my rights and obligations under the Ohio Senior Farmers' Market Nutrition Program (SFMNP). I certify the information I have provided is correct. This form is being submitted for Federal Assistance and is subject to verification. I understand that 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. Information will not be shared except for the specific purposes of responding to your request for assistance.

UNITED STATES DEPARTMENT OF AGRICULTURE

## USDA Nondiscrimination Statement

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: **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

3. **EMAIL:** program.intake@usda.gov

This institution is an equal opportunity provider.