



**Direction Home of Eastern Ohio, Inc.**

**1030 N. Meridian Road**

**Youngstown, Ohio 44509**

**330-505-2300 | 800-686-7367**

**[www.dheo.org](http://www.dheo.org)**

***We provide choices for people to live independently in the place they want to call home.***

March 2023

Dear Farmers' Market Participant,

Attached is the 2023 Senior Farm Market application. Please fill out and return at your earliest convenience at the highlighted address on the front of the application. Please note that this is a first come, first serve program, and does fill quickly.

The application provides an area to allow you to designate an authorized shopper. This individual can go to the farms and redeem the vouchers on your behalf. Please fill out that section if you have someone who will be your authorized shopper.

Please note, vouchers will be mailed out at the end of May 2023 and can be redeemed until October 31, 2023.

Sincerely,  
Direction Home of Eastern Ohio  
Farmers' Market Nutrition Program Committee

Enclosures









# 2023 APPLICATION



 <p><b>DIRECTION HOME</b> OF EASTERN OHIO RESOURCES ON AGING &amp; DISABILITIES</p>		<p><b>RETURN COMPLETED APPLICATION TO:</b></p> <p>Direction Home Eastern Ohio 1030 North Meridian Road      330-505-2300 Youngstown, Ohio 44509      1-800-686-7367</p>
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**Each applicant must complete and submit a separate application for each program year.**

First Name	Middle Initial	Last Name			
Birth Date (mm/dd/yyyy) <i>Must be at least 60 years old to participate</i>		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Answer
Mailing Address					
City	Zip Code	County			
Telephone Number					
Email Address					
Race (select all that apply)					
<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> White, Hispanic	
Nationality (select all that apply)					
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown					

<b>Complete the following information ONLY if applicant is designating an authorized shopper.</b>			
Authorized Shopper Name			
Relationship to Participant	Telephone Number		

<b>Check box corresponding to your TOTAL annual household income and household size.</b>			
<input type="checkbox"/>	1 person in household with income of \$0-\$26,973	<input type="checkbox"/>	2 persons in household with income of \$0-\$36,482
<input type="checkbox"/>	3 persons in household with income of \$0-\$45,991	<input type="checkbox"/>	4 persons in household with income of \$0-\$55,500
<input type="checkbox"/>	5 persons in household with income of \$0-\$65,009	<input type="checkbox"/>	6 persons in household with income of \$0-\$74,518

I certify that I am at least 60 years of age; a resident of this service area; have not received Ohio Senior Farmers' Market Nutrition Program 2023 coupons at any other location; and have a total household income that meets income requirements.

Applicant Signature	Date	
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I have been advised of my rights and obligations under the Ohio Senior Farmers' Market Nutrition Program (SFMNP). I certify the 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, audiotope, 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](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
- ③ **EMAIL:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.