



To: 2011 Senior Farmers' Nutrition Program Participants

Re: Application Process and Acceptance Dates

The 2011 Senior Farmers' Market Nutrition Program application was made available online on April 1. Additional hard copies were also delivered to key partner sites in each county and made available on April 1.

The following is the process and application acceptance dates for your county:

- Applications will be accepted by **mail only**.
- For the respective counties, applications must be **postmarked on or after** the following dates:
  - **April 6**      **Athens and Hocking counties**
  - **April 13**     **Washington county**
  - **April 20**     **Meigs, Morgan, Monroe, Noble and Perry counties**
- No bulk applications, please. If you go to a senior center or other site in your area, please mail your individual application to AAA8. Fax copies will not be accepted.

We thank you for your assistance in promoting this popular program in your area. Please contact AAA8 at 1-800-331-2644 with questions.



**2011  
Ohio Senior Farmers'  
Market Nutrition Program**

P.O. Box 370  
Reno, OH 45773  
1-800-331-2644

<b>First Name:</b>		<b>Middle Initial:</b>	<b>Last Name:</b>	
<b>Date of Birth:</b> (mm/dd/yy)			<b>Age:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Mailing Address:</b> (include apartment number if applicable)				
<b>City:</b>		<b>State:</b>	<b>ZIP Code:</b>	
<b>Please circle the county, where you live.</b> Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry or Washington			<b>Telephone Number:</b> (       )	
<b>Have you already received Senior Farmers' Market coupons this year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If yes, where/how did you obtain these coupons?</b> <input type="checkbox"/> Mail	
<b>Please complete <u>both</u> race and ethnicity sections. Information is collected only for federal statistics and does not affect eligibility for coupons.</b>				
<b>Ethnicity:</b> (select one you identify with) <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino		<b>Race:</b> (select one or more you identify with) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Asian, <input type="checkbox"/> White, <input type="checkbox"/> African-American/Non Hispanic		
<b>Proxy Name (if applicable):</b>		<b>Relationship to Participant:</b>	<b>Proxy Contact Number:</b> (       )	
<b>Proxy's State ID or Driver's License Number:</b>		<b>Proxy signature:</b>		

I hereby declare I have not applied for coupons at any other location; I am 60 years of age or older; have a household income of (check box corresponding to number in household), and I am a resident of the service area.

<input type="checkbox"/> (Single) \$20,036 or less	<input type="checkbox"/> (Two) \$26,955 or less	<input type="checkbox"/> (Three) \$33,874 or less
<input type="checkbox"/> (Four) \$40,793 or less	<input type="checkbox"/> (Five) \$47,712 or less	<input type="checkbox"/> (Six) \$54,631 or less
<input type="checkbox"/> (Seven) \$61,550 or less	<input type="checkbox"/> (Eight) \$68,469 or less	

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have been advised of my rights and obligations under the 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.

**Please call me about my possible eligibility for help with Medicare Part D prescription expenses.**

*The USDA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability.*