



Department of Labor and Industrial Relations, Office of Community Services

2024 Senior Farmers' Market Nutrition Program

Application Information Handout

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. Each SFMNP participant will receive **one** 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 or farmers' market (outlet).

How the Senior Farmers' Market Nutrition Program Works

- Apply.** Complete the enclosed SFMNP Application Form for each person in the household who qualifies for SFMNP benefits. **Applicants must be certified to participate each year. This is a popular program and we encourage you to apply early as the program has limited capacity. Once the program is full new participants are added to a wait-list.** The eligibility requirements are:

Categorical	You must be at least 60 years old
Maximum Annual Household Income	\$32,023.50 One Person
	\$43,475.00 Two Persons
	Add \$11,451.50 per additional household member (including children)
Residency	YOU MUST RESIDE in the county where you are applying for service

- Qualify.** Qualified participants will be sent **one** coupon booklet and a coupon handout, which includes a schedule of farmers' markets where the coupons can be used.
- Shop.**
 - SFMNP coupons must be used by October 31, 2024;
 - Only SFMNP participants or authorized representatives (proxy) may use the SFMNP coupons. A proxy must be designated on the enclosed SFMNP Application Form.
 - Bring the coupon booklet to the farmers' market listed on the schedule of SFMNP farmers' market;
 - Authorized farmers will have a sign showing that they will accept SFMNP coupons;
 - No cash change may be given by the farmer. Please try to use the full \$5.00 amount of each coupon.

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

Oahu
Hawaii Foodbank, Inc.
 2611 Kilihau Street
 Honolulu, Hawaii 96819
 (808) 836-3600

Hawaii County Economic
Opportunity Council
 47 Rainbow Drive
 Hilo, Hawaii 96720
 (808) 961-2681

Maui Economic
Opportunity
 99 Mahalani Street
 Wailuku, Hawaii 96793
 (808) 249-2990

Hawaii Foodbank - Kauai
 4241-A Hanahao Place
 Lihue, Hawaii 96766
 (808) 482-2087

State of Hawaii – for information only –
Please do not mail applications to OCS as it may delay the processing of your application.
Office of Community Services

830 Punchbowl Street, Room 420 Honolulu, Hawaii 96813 Call: (808) 586-8675 Email: dliir.ocs@hawaii.gov Web: labor.hawaii.gov/ocs

YOUR 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.
- Be notified in writing, within 15 days of applying, if you are not determined eligible.
- Appeal an ineligibility decision if you feel that determination was made in error.
- Have information you provided kept private unless you request for it to be shared.
- Make a complaint if you feel you have not been treated fairly.
- Have clear directions of how and where to use the coupons you receive.
- Learn about other services that may be available to you. You may contact your local agency for services in your area.
- File a complaint with your local agency about improper farmer or farmers' market program practices.

Your Responsibilities

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

- Funding for this program is very limited and is available on a first-come, first-served basis.
- Provide correct information, to the best of your knowledge, to determine eligibility.
- Giving false information and/or intentionally concealing facts could result in your paying back benefits or legal action.
- The program only allows participants to collect benefits once during a season. Ten coupons is the limit per person.
- Consume the fresh produce obtained through this program yourself.
- Safeguard the coupons you receive. Please report to your local agency if they are lost or stolen. Lost or stolen coupons unfortunately will not be replaced.
- Redeem your coupons with authorized outlets by October 31, 2024.

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 complaint form or letter to USDA: 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.

**DO NOT SEND YOUR APPLICATION TO USDA OR TO OFFICE OF COMMUNITY SERVICES.
APPLICATIONS CAN ONLY BE PROCESSED BY YOUR LOCAL AGENCY.**

This institution is an equal opportunity provider.

2024 Senior Farmers' Market Nutrition Program

IMPORTANT: This program is seasonal – **April 1 to October 31**, and very popular. We encourage you to apply in April as the program has limited capacity. Once the program is full, new participants are added to a wait-list.

Please mail completed application to: Hawaii Foodbank, 2611 Kiliha Street, Honolulu, HI 96819

I certify that all of the following statements are true and correct:

1. I am at least 60 years of age
2. I reside in the county where I am requesting to receive food coupons
3. I have not received coupons at any other location for the 2024 program year
4. I meet the total household income requirements stated below:
 - 1 person household income of less than \$32,023.50
 - 2 person household income of less than \$43,475.00For each additional person, add \$11,451.50 per additional household member (including children)

First Name, M.I *

Last Name *

Mailing Address * (Include apartment or unit number)

City, Zip Code *

Email Address *

Phone Number *

Date of Birth *

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M		D	D		Y	Y	Y	Y

Gender:* Female Male

Do you consider yourself Hispanic or Latino?* Yes No

Please check all ethnicities that apply: *

- | | | | | |
|--|--|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> White |
|--|--|--|--------------------------------|--------------------------------|

DESIGNATION OF A PROXY (Optional)

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.

Proxy First Name, M.I

Proxy Last Name

Relationship

Proxy Phone Number

If you would like your proxy to receive your coupons instead of yourself, please provide the proxy's address below:

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, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

Applicant Signature *

Date *

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M		D	D		Y	Y	Y	Y

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