



2011 Ohio Senior Farmers' Market Nutrition Program

2155 Arlington Ave. Toledo, OH 43609 419-382-0624

Form with fields for First Name, Middle Initial, Last Name, Date of Birth, Age, Sex, Mailing Address, City, State, ZIP Code, Telephone Number, County, and Ethnicity/Race selections.

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.

Table with 3 columns and 3 rows of household income brackets: (Single) \$20,147 or less, (Two) \$27,214 or less, (Three) \$34,281 or less, (Four) \$41,348 or less, (Five) \$48,415 or less, (Six) \$55,482 or less, (Seven) \$62,549 or less, (Eight) \$69,616 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.

Senior Farmer's Market Nutrition Program  
**Instructions**

The Area Office on Aging of Northwestern Ohio, Inc. is pleased to send you an application to participate in the Senior Farmer's Market Nutrition Program (SFMNP). This program, funded by the U. S. Department of Agriculture, provides eligible seniors with coupons valued at \$50 for fresh, locally grown fruits, vegetables, herbs and honey.

You are eligible to receive SFMNP coupons if:

- You are 60 years of age or over
- You are a resident of Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Seneca, Williams or Wood Counties in Ohio.
- Your annual income is \$20,147 or less (if you live alone)
- Your annual income is \$27,214 or less (for a household of two)

If you meet the requirements listed above, simply complete the 2011 SFMNP application form on the reverse side.

Remember----

- A new application must be completed for 2011.
- You must include your date of birth and age.
- You must sign the application.
- Each eligible person in your household must complete a separate application
- If you are unable to redeem the coupons yourself, you may choose someone else (called a proxy) to redeem them for you.
- If you choose to name a proxy, you must complete the proxy information on the application.
- The proxy must also sign the application.

Incomplete information will delay your application. Please return the fully completed and signed application to:

Area Office on Aging of NWO, Inc.  
2155 Arlington Avenue  
Toledo, OH 43609

Direct any questions to The Aging and Disability Resource Network at 419-382-0624.

Applications will be processed and coupons mailed on a first-come, first-serve basis. Coupons will be mailed by June 15<sup>th</sup> for applications received by May 15<sup>th</sup>. After June 15<sup>th</sup>, coupons will be mailed as applications are processed. Unfortunately, we are not able to replace lost/stolen coupons.