



# DID YOU MISS YOUR SENIOR FARMERS MARKET VOUCHERS?



Applications at [www.HungerTaskForce.org/seniors](http://www.HungerTaskForce.org/seniors)

**LAST CHANCE!** If you did not yet receive your Senior Farmers Market Vouchers, this is your chance.

**LINE UP & ENTER  
ON 76TH ST. FOR  
THIS DRIVE-THRU  
DISTRIBUTION!**

**DATE** FRIDAY, AUG. 14

**TIME** 9 A.M. - 1 P.M.

**PLACE** ABUNDANT FAITH  
CHURCH OF INTEGRITY  
7830 GOOD HOPE RD.

#### QUALIFICATIONS:

- MUST BE 60 YEARS OR OLDER (55 FOR NATIVE AMERICANS)
- MONTHLY INCOME OF LESS THAN \$1,968 FOR HOUSEHOLD OF ONE; \$2,658 HOUSEHOLD OF TWO
- BE A MILWAUKEE COUNTY RESIDENT
- MAXIMUM OF 4 PROXIES ALLOWED
- PRINT, COMPLETE AND BRING YOUR APPLICATION WITH YOU IF YOU CAN!
- YOU MUST BRING YOUR ID!



**SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
 ELIGIBILITY AGREEMENT**

Completion of this form is voluntary. If it is not completed, the applicant will not be eligible to receive the benefits of the Senior Farmers' Market Nutrition Program.

<b>Name – Applicant (Last, First, MI) (Please Print)</b>		<b>Race (check one or more)</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>Street Address, City, State, Zip Code (Please Print)</b>		<b>Ethnicity Information (check one)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Telephone Number	<b>Date of Birth (MM-DD-YY)</b>	
<b>Primary Language Spoken if not English</b> _____		

- I certify that my household income is at or below 185 percent of the federal poverty guideline.

Household Size	Monthly Income	Annual Income
1	\$1,968	\$23,606
2	2,658	31,894
3	3,349	40,182
4	4,040	48,470
5	4,730	56,758
6	5,421	65,046
7	6,112	73,334

For each additional household member,  
 add **\$691** monthly, **\$8,288** annually.

- I certify that I am 60 years of age or older or I am a Native American 55 years of age or older.
- I certify that I am a resident of \_\_\_\_\_ county.
- I understand that program vouchers are used for the purchase of locally-grown fresh produce.
- I have received instructions about how and where to use program vouchers as applicable
- I understand that it is illegal to enroll in this program at more than one location.
- I have designated \_\_\_\_\_ to be my authorized representative.

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

<b>SIGNATURE – Applicant</b>	<b>Date Signed</b>
<b>SIGNATURE – Authorized Representative</b>	<b>Date Signed</b>
<b>SIGNATURE – SFMNP Agency</b>	Check Numbers Issued