

SFMNP INCOME ELIGIBILITY GUIDELINES

Office on Aging Site _____ Application Date ____ / ____ / ____

Name: Last_ (1) _____ First _____ MI _____

Name: Last_ (2) _____ First _____ MI _____

(Spouse applying for SFMNP Benefits) Address:

City _____ County _____ Zip _____

Date of Birth (1) _____ Date of Birth (2) _____ Ph.# _____

Check one box:

Check one or more boxes:

(1) Ethnicity (2) Ethnicity

(1) Race:

(2) Race:

Hispanic

Hispanic

American Indian or Alaskan Native

American Indian

Non-Hispanic Non-Hispanic

Native Hawaiian or Pacific Islander

Native Hawaiian or Pacific

Asian

Asian

Black or African American

Black or AA

White

White

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.

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 form or letter to USDA by:

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Participation in the Senior Farmers' Market Nutrition Program is limited to those senior citizens who are 60 years and older and whose gross income (i.e., income before deductions for income taxes, Social Security taxes, insurance premiums, bonds, etc.) is equal to or less than the income poverty guidelines increased by 185%.

WIC Income Eligibility Guidelines					
(Effective from July 1, 2021 to June 30, 2022)					
48 Contiguous States, D.C., Guam and Territories					
Family Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,546
Each Add'l Member Add	+\$8,399	+\$700	+\$350	+\$324	+\$162

My signature indicates that I have reviewed the income guidelines by household. By signing this I attest that my income is at or below my household size, listed above. I also affirm that I live in _____ County and I am at least 60 years of age. I understand that if any of these statements are found to be fraudulent, I will be subject to sanctions per the State Policies and Procedures.

1. Name of Participant (Print)

1. Signature Date

2. Name of Participant (Print)

2. Signature Date

Proxy (Print)

Proxy Signature Date