

FARMER'S MARKET NUTRITION PROGRAM 2022 Statement of Eligibility

- 1.** I am 60 years of age or older and my monthly income is:
- If one person in household, my monthly income is no more than \$2,095 or
 - If two people in household, our monthly income is no more than \$2,823 or
 - If three people in household, our monthly income is no more than \$3,550

- 2.** I am: (Please check one of the following)

White	Hispanic or Latino	Native American	Asian	African American	Native Hawaiian

Please check one (✓)

- 3.** I/We have not received Farmer's Market Coupons from any other program this year _____
Please check (✓)

4. I have been advised of my rights and obligations under the Senior Farmer's Market Nutrition Program. 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 Senior Farmer's Market Nutrition Program are the same for everyone, regardless of race, color, national origin, age, disability, or sex.

I understand that by completing this form and signing it, this gives the Allegany County Office for the Aging consent to save my personal information in the Statewide Client Data System maintained by NYS Office for the Aging.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the Senior Farmer's Market Nutrition Program.

5. Name: _____ Date: _____
(Please print)

Address: _____ Date of Birth: _____
 _____ Age: _____
 _____ Phone #: _____

Client Signature: _____

Booklet Serial Number: _____ Staff Signature: _____