

2023 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 Kilihau Street, Honolulu, HI 96819**

Name (Last, First, M.I.) - PRINT CLEARLY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
I certify that <u>all</u> 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 2023 program year. 4. I meet the total household income requirement stated below.		
1 person household income of less than \$31,025	2 person household income of less than \$41,958.	For each additional person, add \$10,933 per additional household member (including children)
Mailing Address (Include apartment or unit number) - PRINT CLEARLY		City, Zip Code
Email Address		Telephone Number

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. If you want your proxy instead of yourself, insert proxy’s address here: _____, Hawaii _____

Proxy Name (Last, First, M.I)	Relationship	Proxy Phone Number ()
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ETHNIC BACKGROUND

Please check <u>one</u>: Do you consider yourself Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please check all that apply: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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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 (MM/DD/YY)

For Official Use Only: Coupon # _____ Received Date _____
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