



Department of Labor and Industrial Relations, Office of Community Services

## 2021 Senior Farmers' Market Nutrition Program

### Application Information Handout

The Senior Farmers' Market Nutrition Program (SFMNP) provides low-income seniors with eligible fresh produce with the goal of improving their health and nutritional status. Each SFMNP participant will receive a book of coupons worth \$50.00 (ten \$5.00 coupons) to exchange for fresh, nutritious, and unprocessed locally grown fruits, vegetables, herbs, and honey from an authorized farmer or farmers' market (outlet).

#### How the Senior Farmers' Market Nutrition Program Works

- Apply.** Complete the enclosed SFMNP Application Form for each person in the household who qualifies for SFMNP benefits. **Applicants must be certified to participate each year. This is a VERY POPULAR program with very limited capacity. First come, first served! Apply as soon as possible after you receive this flyer.** The eligibility requirements are:

<b>Categorical</b>	You must be at least 60 years old
<b>Maximum Annual Household Income</b>	\$27,417 One Person
	\$37,074 Two Persons
	Add \$9,657 per additional household member (including children)
<b>Residency</b>	YOU MUST RESIDE in the county where you are applying for service

- Qualify.** Qualified participants will be sent a coupon booklet and a coupon handout, which includes a schedule of outlets where the coupons can be used.
- Shop.**
  - SFMNP coupons must be used by October 31, 2021;
  - Only SFMNP participants or authorized representatives (proxy) may use the SFMNP coupons. A proxy must be designated on the enclosed SFMNP Application Form. Use by anyone else is **ILLEGAL**;
  - Bring the coupon booklet to the farmers' market listed on the schedule of SFMNP farmers' market;
  - Authorized outlets will have a sign showing that they will accept SFMNP coupons;
  - No cash change may be given by the farmer. Please try to use the full \$5.00 amount of each coupon.

#### **FOR MORE INFORMATION OR ASSISTANCE, PLEASE CONTACT YOUR LOCAL AGENCY:**

**Oahu**  
**Hawaii Foodbank, Inc.**  
 2611 Kilihau Street  
 Honolulu, Hawaii 96819  
 (808) 836-3600

**Hawaii County Economic Opportunity Council**  
 47 Rainbow Drive  
 Hilo, Hawaii 96720  
 (808) 961-2681

**Maui Economic Opportunity**  
 99 Mahalani Street  
 Wailuku, Hawaii 96793  
 (808) 249-2990

**Hawaii Foodbank - Kauai**  
 4241-A Hanahao Place  
 Lihue, Hawaii 96766  
 (808) 482-2087

**State of Hawaii – for information only –**  
**PLEASE DO NOT MAIL APPLICATIONS TO OCS:**  
**Office of Community Services**

830 Punchbowl Street, Room 420 Honolulu, Hawaii 96813 Call: (808) 586-8675 Email: [dli.ocs@hawaii.gov](mailto:dli.ocs@hawaii.gov) Web: [labor.hawaii.gov/ocs](http://labor.hawaii.gov/ocs)

## YOUR SFMNP RIGHTS AND RESPONSIBILITIES

### Your Rights

As an applicant/participant of SFMNP you have the following rights to:

- Be treated with dignity, respect, and without discrimination.
- Be notified in writing, within 15 days of applying, if you are not determined eligible.
- Appeal an ineligibility decision if you feel that determination was made in error.
- Have information you provided kept private unless you request for it to be shared.
- Make a complaint if you feel you have not been treated fairly.
- Have clear directions of how and where to use the coupons you receive.
- Learn about other services that may be available to you. You may contact your local agency for services in your area.
- File a complaint with your local agency about improper farmer or farmers' market program practices.

### Your Responsibilities

As an applicant/participant in SFMNP you have the following responsibilities:

- Funding for this program is very limited and is available on a first-come, first-served basis. **APPLY FOR YOUR COUPONS AS SOON AS YOU CAN. Do not wait!**
- Provide correct information, to the best of your knowledge, to determine eligibility.
- Giving false information and/or intentionally concealing facts could result in your paying back benefits or legal action.
- **It is ILLEGAL** to collect benefits more than once or at multiple distribution sites during a season. **TEN COUPONS** is the limit per person.
- Consume the fresh produce obtained through this program yourself.
- Safeguard the coupons you receive. Please report to your local agency if they are lost or stolen. Lost or stolen coupons will not be replaced.
- Redeem your coupons with authorized outlets by October 31, 2021.

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, audiotape, 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. To 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](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 complaint form or letter to USDA: Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**DO NOT SEND YOUR APPLICATION TO USDA OR TO OFFICE OF COMMUNITY SERVICES.  
SEND YOUR APPLICATION TO YOUR LOCAL AGENCY IN HAWAII.**

This institution is an equal opportunity provider.

# 2021 Senior Farmers' Market Nutrition Program

IMPORTANT: This program is seasonal—April 1 to October 31, and it is very popular. Spaces are extremely limited. Submit your application ASAP. Most counties' spaces fill up by May or June. Late applicants will be wait-listed.

**Please mail completed application to:**  
**Hawaii Foodbank, 2611 Kilihaui Street, Honolulu, HI 96819**

<b>Name (Last, First, M.I.) - PRINT CLEARLY</b>		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth (MM/DD/YYYY)</b>
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 2021 program year. 4. I meet the total household income requirement stated below.			
1 person household income of less than \$27,417.	2 person household income of less than \$37,074.	For each additional person, add \$9,657 per additional household member (including children)	
<b>Mailing Address (Include apartment or unit number) - PRINT CLEARLY</b>		<b>City, Zip Code</b>	
<b>Email Address</b>		<b>Telephone Number</b>	

### 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 \_\_\_\_\_

<b>Proxy Name (Last, First, M.I)</b>	<b>Relationship</b>	<b>Proxy Phone Number</b> (      )
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### ETHNIC BACKGROUND

USDA requires the State to obtain race and ethnic information. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws. Your response will not affect consideration of your application.

<b>Please check one:</b> Do you consider yourself Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Please check all that apply:</b> <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)**