

		2009 Ohio Senior Farmers' Market Nutrition Program	
First Name:		Middle Initial:	Last Name:
Date of Birth: (mm/dd/yy)		Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address: (include apartment number if applicable)			
City:		State:	ZIP Code:
County: (where you live)		Telephone Number: (include area code) ()	
Have you signed up for coupons at any other distribution site for the <u>2009</u> program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, at which site did you pick up these coupons?	
Ethnicity: (select one) <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino		Race: (select one or more; information collected for federal statistics) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> African-American/Non Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Staff selected	
Proxy's Name (if applicable):	Relationship to Participant:	Proxy's Telephone Number:	
Proxy's State ID or Driver's License Number:	Proxy's signature:		

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.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, and disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

I hereby declare I am **60 years of age or older**; have an income of **\$20,035 or less for a single person**, or **\$26,954 or less for a household of two**; have not applied for coupons at any other location; and will follow the guidelines of the SFMNP.

Applicant's Signature: _____ Date: _____

Please "X" box if you need public transportation arrangements to the Farmers' Market Sites:

Please Return Completed Application to: HANDS Foundation, P.O. Box 868, Brunswick OH 44212

Information will not be shared except for the specific purposes of responding to your request for assistance
This institution is an equal opportunity provider