I am applying to receive Seniors Farmers’ Market Nutrition Program checks that will be used to purchase eligible fresh produce from authorized farmers at participating farmers’ markets and roadside stands. I understand that I may only receive SFMNP benefits once during each operating season and I provide assurance that I have not already applied for, and received SFMNP benefits prior to the submission of this application for the current season.

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 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, national origin, age, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

Applicant/Proxy Signature

Application Date

This institution is an equal opportunity provider and employer.

### ELIGIBILITY DETERMINATION (Completed by Local Agency Staff)

<table>
<thead>
<tr>
<th>Currently Receives:</th>
<th>HH Income Calculation:</th>
<th>Eligible: □ Yes □ No</th>
<th>If not eligible, give reason for denial below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ SNAP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ SSI</td>
<td>Total HH Income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number in HH:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Refer to Income Chart)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Local Agency Representative:

### IDENTIFICATION NO.

<table>
<thead>
<tr>
<th>Beginning No.:</th>
<th>Ending No.:</th>
</tr>
</thead>
</table>

COUPON ISSUANCE

This institution is an equal opportunity provider and employer.
INSTRUCTIONS FOR DSS FORM 3360

A SFMNP Application form must be completed for each person requesting to receive program benefits in order to receive SFMNP checks. Individuals applying on behalf of another person must provide written authorization from the absent person at the time of application. Individuals acting as Power of Attorney for someone do not need written authorization but must present court documents verifying Power of Attorney status.

1. Gender Check the box to indicate the applicant's gender.

2. Ethnicity Check "Yes" or "No" to indicate if the applicant is of Hispanic origin.

3. Applicant's Racial Category Check all that apply to indicate the applicant's racial category.

4. Name Self-explanatory.

5. Age Self-explanatory. Must be age 60 at the time of application to qualify.

6. County of Residence Self-explanatory. Must be a resident of the county to qualify.

7. Phone Self-explanatory.

8. Street Address Self-explanatory.

9. City Self-explanatory

10. State Self-explanatory

11. Zip Self-explanatory

12. Applicant Signature

13. Application Date

14. Automatic Qualifier If the applicant receives benefits from the FS Program or receives SSI benefits they be determined income eligible if verification of participation is provided. Income may be self-declared – No verification required.

15. Income Eligibility Document total household income and the number of persons living together as one economic household and compare to the Federal Income Poverty Guidelines. If income is at or below the limit for the household size, the applicant is eligible.

16. Eligibility Check "Yes" to indicate the individual is eligible. Check "No" to indicate ineligibility and document the reason for ineligibility. Provide a written notice of ineligibility.

17. Signature Enter the signature of the agency staff person completing the eligibility determination.

18. Identification No. The identification number is composed of the four-digit agency code, the six-digit birthdate of the applicant, and the six-digit Serial Number of the check.

19. Coupon Issuance Document the serial numbers of the first and last checks in the set of five checks being distributed to the applicant.