



Department of Aging

Senior Farmers Market Nutrition Program

2024 APPLICATION

BUCKEYE HILLS regional council AAA8 RETURN COMPLETED APPLICATION TO: Buckeye Hills Regional Council 1400 Pike Street Marietta, OH 45750 740-374-9436

Each applicant must complete and submit a separate application for each program year.

First Name Middle Initial Last Name Age Birth Date Gender Male Female No Answer Mailing Address City Zip Code County Telephone Number Email Address Race Nationality

Complete the following information ONLY if applicant is designating an authorized shopper.

Authorized Shopper Name Relationship to Participant Telephone Number

Check box corresponding to your TOTAL annual household income and household size.

Income and household size selection table with checkboxes for 1-6 person households and income ranges.

I certify that I am at least 60 years of age; a resident of this service area; have not received Ohio Senior Farmers' Market Nutrition Program 2024 coupons at any other location; and have a total household income that meets income requirements.

Applicant Signature Date

I have been advised of my rights and obligations under the Ohio Senior Farmers' Market Nutrition Program (SFMNP). I certify the information I have provided is correct. This form is being submitted for Federal Assistance and is subject to verification.