Department of Aging

Senior Farmers Market Nutrition Program

2026 APPLICATION

Buckeye Hills Regional Council **AAA8**	**RETURN COMPLETED APPLICATION TO:** Buckeye Hills Regional Council 2585 Glendale Road Marietta, OH 45750 740-374-9436

Each applicant must complete and submit a separate application for each program year. Questions marked with an asterisk (*) are a required field.

*First Name		Middle Initial		*Last Name	
*Birth Date (mm/dd/yyyy) **Must be at least 60 years old to participate**		Age		Gender	☐ Male ☐ Female
*Mailing Address					
*City		*Zip Code		*County	
*Telephone Number					
Email Address					

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

☐	**1** person in household with income of **$0-$29,526**	☐	**2** person in household with income of **$0-$40,034**	☐	**3** person in household with income of **$0-$50,542**
☐	**4** person in household with income of **$0-$61,050**	☐	**5** person in household with income of **$0-$71,558**	☐	**6** person in household with income of **$0-$82,066**

Race (select all that apply)

☐ American Indian/Native Alaskan	☐ Black/African American	☐ White,Non-Hispanic
☐ Asian	☐ Native Hawaiian/Other Pacific Islander	☐ White, Hispanic

Ethnicity (All demographic information requested is completely voluntary and is for reporting purposes only in compliance with requirements for recipients of federal financial assistance. Failure to provide this information will not impact an applicant's eligibility for or participation in the program.)

☐ Not Hispanic or Latino ☐ Hispanic or Latino ☐ Unknown

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

Authorized Shopper Name			
Relationship to Participant		Telephone Number	

I have been advised of my rights as included in the nondiscrimination statement provided with this application 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. I understand that 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. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP. Information on this application will not be shared except for the specific purposes of responding to your request for assistance or as required by law. If you have any additional questions, please call 1-800-331-2644.

I certify that I am at least 60 years of age, an Ohio resident, and have a total household income that meets the income requirements. I understand that I can only receive $50 per year, per person benefit and that my benefits are not transferable to another individual(s). I have been offered a copy of the USDA Non-Discrimination Statement.

Applicant Signature		**Date**	

Non-Discrimination Statement

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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 form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.