



Ohio Senior Farmers' Market Nutrition Program 2021



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.

Form with fields for First Name, Last Name, Age, Date of Birth, Gender, Mailing Address, City, Zip Code, County, Telephone Number, Email Address, Race, and Nationality.

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

Form with fields for Authorized Shopper Name, Relationship to Participant, and Telephone Number.

Check box corresponding to your TOTAL annual household income

Form with six checkboxes for household income ranges: \$0-\$23,828, \$0-\$32,227, \$0-\$40,626, \$0-\$49,025, \$0-\$57,424, and \$0-\$65,823.

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 2021 coupons at any other location; and have a total household income that meets income requirements.

Form with fields for Applicant Signature and 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. 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 will not be shared except for the specific purposes of responding to your request for assistance.