



Senior Farmers' Market Nutrition Program Application

Return completed application by mail or email to:
Pinnacle Prevention 484 W. Chandler Blvd., Chandler, AZ 85225
Email: info@azfmnp.org

Scope of Program

- AZFMNP offers qualified seniors the opportunity to purchase fresh, locally grown fruits and vegetables at participating farmers' markets in Arizona.
- Eligible seniors may receive one \$50 coupon booklet per individual, limited to once per year. This program is first come first served based on the availability of funding.
- To get coupons, you must submit a complete application. Only one application is allowed per person. If both people in a couple are eligible, each person needs to fill out their own application. You must be at least 60 years old at the time you apply. Please review the income eligibility guidelines below before submitting your application.
- You can review the rules and regulations online at www.AZFMNP.org or by phone 833-836-8253 ext 4.

Income Guidelines to Qualify for Senior FMNP Coupons

- **Household size – Annual household income is less than or equal to:**

Household of 1 - \$28,953
 Household of 2 - \$39,128
 Household of 3 - \$49,303
 Household of 4 - \$59,478

Increase the income limit by \$10,175 for each additional person after a household size of 4

Applicant Details

First name: _____ Last name: _____

Date of birth (must be at least 60 years of age at time of application): _____

Phone number: _____ Ok to leave voicemail at this number?: Yes No

Email: _____ Preferred language: English Español Other: _____

Coupons for approved applications will be mailed to the address below by default. Check this box if you would like to OPT OUT of mailing. A program representative will contact you for alternatives to mailing if your application is approved.

Mailing Address (Arizona residents only)

Street address: _____ City: _____

State: Arizona Zip Code: _____ County of residence: _____

Eligibility Information

What is your household size?: _____

What is your Annual Household Income?: \$0-\$28,953 \$28,954-\$39,218 \$39,219-\$49,303 \$49,304-\$59,478 \$59,479-\$69,653 \$69,654-\$79,828 More than \$79,829

Optional Questions (race & ethnicity)

What is your race? (Select all that apply):

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

Tribal Affiliation: _____

Ethnicity (select all that apply):

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

Proxy Information (optional)

A proxy is an individual authorized to use SFMNP coupons on behalf of an eligible senior participant.

Do you wish to designate a proxy?: Yes No

If yes, by designating a proxy you agree to the following 3 statements: 1. I understand that a proxy may act on behalf of more than one eligible participant. 2. I understand that a proxy may pick up and use coupons, but the eligible senior must ultimately receive the benefits (i.e., eligible food). 3. I authorize the person below as a proxy to pick up and utilize the coupons issued to me to purchase fresh eligible foods on my behalf.

Name & Last Name of designated proxy, or proxies: _____

What is your relationship to this person(s)?: _____

Does the proxy have permission to be contacted regarding your application status?: Yes No

Participants' Rights and Responsibilities

I agree to abide by the rules of the Arizona Farmers' Market Nutrition Program. I have been advised of my rights and obligations under AZFMNP. 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. It is illegal to receive AZFMNP benefits from more than one state agency at a time. Standards for eligibility and participation in AZFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the AZFMNP. This institution is an equal opportunity provider.

Applicant signature: _____ Date: _____

Did anyone assist you in filling out this application?: Yes No

If yes:

Assistant's Name: _____ Assistant's Phone Number: _____

Relationship to participant: _____ Initials: _____