



SENIOR FARMERS' MARKET NUTRITION PROGRAM 2025 APPLICATION, ELIGIBILITY & PROXY FORM

RIGHTS AND RESPONSIBILITIES

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 the 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, 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 SFMNP.

Each qualified senior may only receive the \$50 SFMNP benefit 1x each year.

I hereby acknowledge with my signature that **I am:**

- a Maryland resident,
- I am 60 years or older and
- my household income is within the income guidelines referenced below for participation in SFMNP.

I acknowledge that I will not seek out additional SFMNP cards from other locations after receiving one.

I agree to receive text message communication from Healthy Together regarding the Senior Farmers Market Nutrition Program, my benefit amount and relevant information relating to the Program. Standard messaging rates apply. I may opt out at any time.

By signing below, I acknowledge that I am 60 years of age AND my household income is within the income eligibility guidelines effective for July 1, 2025 to June 30, 2026.

Residence Address: _____

Phone Number: _____ **Is this a cell phone?** Yes No **Birthday (xx/xx/19xx):** _____

Did you receive a card for FMNP in 2024? Yes No

If yes, do you still have your card? Yes No

Participants Signature (Person card is for): _____

Staff Signature: _____ **Agency Name:** _____

Date of Issuance: _____

Card Number: _____ **Cell Phone Number:** _____

Please circle the most appropriate identifier for your race or ethnicity:

American Indian or Alaskan Native

Asian

Black or African American

Hispanic or Latino/a

Middle Eastern or North African

Native Hawaiian or other Pacific Islander

White



If the Participant is using a Proxy to pick up the Card, this portion must be filled out.

*The proxy must take this form to a distribution site in the county the participant resides within.

Proxy Name: _____

Date: _____

Proxy Signature: _____

Staff Signature: _____

Agency Name: _____

Date of Certification: _____

Card Number: _____

Household Size	185% Federal Poverty Guidelines				
	Annual	Monthly	Twice Monthly	Bi-weekly	Weekly
48 Contiguous States, D.C., Guam and Territories					
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
Each add'l fam mem add	+\$10,175	+\$848	+\$424	+\$392	+\$196

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. (202) 50-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: Program.Intake@usda.gov This institution is an equal opportunity provider.

2025 SFMNP only – previous editions obsolete