



Instructions for the 2019 Ohio Senior Farmers' Market Nutrition Program

If you live in Summit County:

1. You will want to fill out your form and bring it on **Wednesday, June 12, 2019 between 9 am and 12 noon** to the VANTAGE Aging Health and Wellness Fair. It will be held at our main office located at 2279 Romig Road, Akron, OH 44320.
2. You may send a proxy, but you must sign the application and the proxy information in the grey box must be complete. The proxy must have a matching photo ID to pick up the vouchers.
3. Actual vouchers will be handed out at the VANTAGE Aging Health and Wellness Fair.
4. If you are unable to attend the VANTAGE Aging Health and Wellness Fair, you may mail your application in. If vouchers are left after the June 12 event, all the mailed in applications will be included in a random drawing. You will be notified by phone that you have received vouchers and arrangements will be made for you to pick up the vouchers. Applications for the random drawing may be sent to:

Farmers Market at VANTAGE Aging


2279 Romig Road

Akron, OH 44320

If you live in Stark or Wayne County:

1. You will want to fill out your form and send it to the address above.
2. On Friday, May 31, 2019 there will be a random drawing for the vouchers in these counties.
3. If your name is drawn, you will be contacted via phone during the week of June 3, 2019 and will be given instructions on where and when you can pick up your vouchers.

Each eligible applicant must complete a separate application.

		2019 Ohio Senior Farmers' Market Nutrition Program		2279 Romig Road Akron, OH 44320 referrals@vantageaging.org 330-253-4597	
First Name		Middle Initial		Last Name	
Date of Birth: (mm/dd/yy)				Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address					Apt #
City			State	ZIP Code	
E-mail Address (Optional):					
County (check one): <input type="checkbox"/> Stark <input type="checkbox"/> Summit <input type="checkbox"/> Wayne				Telephone Number: ()	
Ethnicity: (select one) <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino		Race: (select one or more; information collected for federal statistics) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> African-American/Non-Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian			

Please complete the following ONLY if you are shopping on behalf of the above applicant such as a caregiver:		
Personal Shopper/Proxy Name (if applicable):	Relationship to Participant:	Contact Number: ()
State ID or Driver's License Number:	Personal Shopper / Proxy Signature:	

(Check box corresponding to your **TOTAL** household income)

<input type="checkbox"/> 1 person in household income of \$0 - \$23,107	<input type="checkbox"/> 2 persons in household with income of \$0 - \$31,284	<input type="checkbox"/> 3 persons in household with income of \$0 - \$39,461
<input type="checkbox"/> 4 persons in household with income of \$0 - \$47,638	<input type="checkbox"/> 5 persons in household with income of \$0 - \$55,815	<input type="checkbox"/> 6 persons in household with income of \$0 - \$63,992

I certify that I am at least 60 years of age; a resident of this service area; have not received coupons at any other location; and total household income requirements are met.

Applicant's Signature: _____ Date: _____

I have been advised of my rights and obligations under the 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.

USDA prohibits discrimination on the basis of race, color, national origin, gender, age, or disability.