



To: All Participants in the Senior Farmers Market Program  
St. Joseph/Elkhart/Kosciusko/Marshall/LaPorte Counties.

From: The Farmers Market Department

Date: June 1, 2011

Re: Senior Farmers Market Program start date and rules.

**Do not call this office before July 5, 2011.**

***Who qualifies for the Farmers Market Program?***

Indiana Residents, 60 years of age or older, living in St. Joseph, Marshall, Elkhart, Kosciusko, and LaPorte counties whose household income is 185% of poverty or less. See chart below.

- 1. You must add up all sources of income before you come to collect vouchers. This year the application form is attached. Please fill in the application before arriving. Do not mail the application bring it with you.**

***Income Eligibility Limits***

<b>Household Size</b>	<b>Annual \$</b>	<b>Monthly \$</b>
<b>1</b>	<b>20,147</b>	<b>1,679</b>
<b>2</b>	<b>27,214</b>	<b>2,268</b>
<b>3</b>	<b>34,281</b>	<b>2,857</b>
<b>4</b>	<b>41,348</b>	<b>3,446</b>
<b>5</b>	<b>48,415</b>	<b>4,035</b>
<b>6</b>	<b>55,482</b>	<b>4,624</b>
<b>7</b>	<b>62,549</b>	<b>5,213</b>

2. You must complete a new application.
3. The eligible participant may send a proxy to pick up vouchers. If you do not call ahead and let us know who will be picking up the voucher for you we may not distribute the vouchers. You must also send a written note stating that the proxy may pick up your vouchers along with your identification.
4. If you are going to have a proxy utilize the vouchers at the market for you. That person must be the one who will pick up your vouchers. They will have to sign the envelope stating that they will utilize the vouchers. The vendors do not have to accept the vouchers from someone not listed on the envelope. Vouchers must remain in the envelope until utilized at the markets.
5. Please only apply for vouchers if you plan on utilizing them. Because of budget cuts we would like to make sure that we use 100% of all vouchers distributed. Last year only 85% of the vouchers were used. Over \$4,000.00 went unspent. If you would like to see this program continued you must use the vouchers.
6. At the end of the season (October 14<sup>th</sup>, 2011) you must return all unused vouchers.

The Senior Farmers Market Program (SFMNP) begins **July 5, 2011**. No vouchers will be distributed until then. Vouchers will be distributed on a first come first serve basis. Please see schedule below.

Vouchers will **not** be mailed to your home. You must come to the designated locations below during the stated times to receive vouchers.

#### *What must I bring to pick up the vouchers?*

- You must bring valid picture identification. Passport, Military ID, Indiana Drivers license or Indiana State ID card with current Indiana address is acceptable.
- Expired or out of Indiana State Identification will not be accepted.
- Amount of Income for the entire household and the number of persons in a household.

#### *What if I did not get vouchers last year?*

Any person qualifying as stated above may come and sign up for vouchers. You do not have to have been on the program in the past.

Vouchers are distributed one time each year to eligible participants. Lost vouchers **can not** be replaced.

Only locally grown unprocessed produce may be purchased with the vouchers. \$18.00 worth of vouchers will be distributed. **Vouchers must be used/redeemed before October 14, 2011.**

Check with the local Farmers Market or Farm Stand in you area for hours of operation and if they are eligible to accept the vouchers. You may ask about eligible Markets and Farm stands while picking up vouchers.

Five portions of fruits and vegetables should be consumed each day. Remember a healthy well balanced diet and proper exercise will help speed recovery from illness, decrease stays in hospitals, and will give you more energy. Consult your doctor/physician for proper diet and exercise program instructions.

**Because of budget constraints distribution will be limited. Please see location and times below.**

*When can I pick up the vouchers? No appointments necessary.*

<b>Dates for 2011</b>	<b>Location</b>	<b>Time</b>
<b>Starting July 5th (every Tuesday and Thursday until all vouchers are distributed)</b>	<b>REAL Services main office 1151 S. Michigan St. South Bend, IN.</b>	<b><u>Tuesday's and Thursday's 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 3:00 p.m. only</u></b>
<b>July 6, 2011</b>	REAL Services Area 2 Agency on Aging office 401 W Center St. Warsaw, IN	<b>1:00 p.m. to 3:00 p.m.</b>
<b>July 6, 2011</b>	Warsaw SAC 800 N. Park Ave Warsaw, IN	<b>10:00 a.m. to 12:00 p.m.</b>
<b>July 8, 2011</b>	REAL Services Area 2 Agency on Aging office <u>Concord Mall</u> 3701 S. Main St., Space #1005 Elkhart, IN	<b>1:00 p.m. to 3:00 p.m.</b>
<b>July 8, 2011</b>	Stratford Commons 2601 Oakland Ave Elkhart, IN	<b>10:00 a.m. to 12:00 p.m.</b>
<b>July 13, 2011</b>	REAL Services Area 2 Agency on Aging office 121 E. LaPorte St. Plymouth, IN	<b>10:00 a.m. to 12:00 p.m.</b>
<b>July 15, 2011</b>	REAL Services Area 2 Agency on Aging office 800 E. Lincolnway LaPorte, IN	<b>1:00 p.m. to 3:00 p.m.</b>
<b>July 20, 2011</b>	Nappanee Senior Center 451 N. Main St Nappanee, IN	<b>10:00 a.m. to 12:00 p.m.</b>
<b>July 29, 2011</b>	Bourbon 805 N. Harris St. Bourbon, IN	<b>10:00 a.m. to 12:00 p.m.</b>
<b>July 22, 2011</b>	Smrt Center #2 301 Grant Ave Michigan City, IN	<b>10:00 a.m. to 12:00 p.m.</b>
<b>July 15, 2011</b>	LaPorte Salvation Army 3240 Monroe St. LaPorte, IN	<b>10:00 a.m. to 12:00 p.m.</b>
<b>July 27, 2011</b>	100 Center 100 Center Apartments Mishawaka, IN	<b>10:00 a.m. to 12:00 p.m.</b>
<b>July 27, 2011</b>	Linden House Apartments 715 E. Fulmer Rd. Mishawaka, IN	<b>1:30 p.m. to 3:00 p.m.</b>

### Authorized Area Markets

Following information may be different. Call your preferred market to confirm days and hours of operation before going.

<b>Market</b>	<b>City</b>	<b>Address</b>	<b>Hours</b>
Elkhart Farmers Market	Elkhart	100 N. Elkhart Ave.	Sat. 9am – 3pm
Mill Race Farmers Market	Goshen	212 W. Washington	Tues: 4:00pm - 7pm Sat: 8am – 1pm
Warsaw Farmers Market	Warsaw	1400 E. Smith St./ Fair Grounds	Mon & Wed: 2:30pm-5pm Sat: 8am-12pm
La Porte Urban Ent. Assoc. Farmers Market	La Porte	State St. Circle & Michigan Ave.	Sat. 8am-12pm
Plymouth Farmers Market	Plymouth	Garro & Water G&G Parking Lot	Sat: 7:30am -11:30am
South Bend Farmers Market	South Bend	1105 Northside Blvd.	Tue/Thur/Fri 7a.m. – 2:00 p.m. Sat: 7am – 3pm

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You may go to any Sweet Corn Charlie's.

Please ask for additional markets at the time of your appointment.



# APPLICATION - SENIOR FARMERS' MARKET NUTRITION PROGRAM

State Form 53250 (R2 / 12-09)  
Indiana State Department of Health

- INSTRUCTIONS:**
1. Fill out all blocks. This application will be returned to you without processing if any information is missing. If an item does not apply, put "NA" in that block.
  2. Type or clearly print all information. Complete both sides of this form.

The collection of gender, race, and ethnicity is requested solely for the purpose of determining the state agency's compliance with Federal civil rights laws, and ensures that the program is administered in a non-discriminatory manner. Your responses to these questions will not affect consideration of your application. If you choose not to self-identify gender, race, and ethnicity, then the person taking the application must record the participant's race and ethnicity based on visual observation. (7 CFR 249)

County \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

## PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/ZIP code Telephone Number

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number in Household: \_\_\_\_\_ Gender:  M  F  
mm/dd/yyyy

## ETHNICITY CATEGORY

- Hispanic or Latino  
 Not Hispanic or Latino

## RACE CATEGORY (select one or more)

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Multi-Racial (Please specify above.)

To be eligible to receive Senior Farmers' Market Nutrition Program (SFMNP) checks, you must be at least sixty (60) years of age; meet the income guidelines, which are based on 185% of the Federal Poverty Income Guidelines; and live in the county where the checks are being issued.

## CURRENT PARTICIPANT Are you a current participant of the following?

- SNAP (Food Stamps)  
 TANF  
 CFSP  
 Member of a WIC Household

Monthly Income: \_\_\_\_\_ Income eligible for the above programs?  Yes  No

Is applicant eligible for SFMNP?  Yes  No Given SFMNP Checks?  Yes  No

Issued SFMNP Check numbers:  Yes, numbers \_\_\_\_\_ through \_\_\_\_\_.

No; denial provided to client: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

**PROXY**

A proxy is a person only authorized to receive and/or redeem SFMNP checks. A proxy should be at least eighteen (18) years of age and dependable for the duration of the program months of operation. In order for the checks to be issued to a proxy, the proxy must present identification as well as written approval from the participant. Proxies must sign the check register to receive checks. Proxies have the same obligations to follow program guidelines when purchasing fruits and vegetables from an authorized farmer.

I, \_\_\_\_\_ authorize the following individual(s) to act as my proxy.  
*Participant signature*

Assigned proxies:

Proxy 1: \_\_\_\_\_  
*Last Name* *First Name*

Proxy 2: \_\_\_\_\_  
*Last Name* *First Name*

**Check here if no proxy was assigned.**

**CERTIFICATION BY PARTICIPANT**

I have been advised of my rights and obligations for use of SFMNP Checks. I certify that the information I have provided for my eligibility is correct to the best of my knowledge. I am aware that I cannot receive Farmers’ Market benefits from more than one state or more than one local agency. This application 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 Indiana SFMNP program 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 program.

I certify that I meet the household size and income guidelines provided by the state and that I am eligible to receive SFMNP benefits.

\_\_\_\_\_  
Signature of Participant

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*mm/dd/yyyy*

\_\_\_\_\_  
Signature of Staff/Volunteer

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*mm/dd/yyyy*

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