



# Ohio Senior Farmers' Market Nutrition Program 2021



**RETURN COMPLETED APPLICATION TO:**

LifeCare Alliance SFMNP  
670 Harmon Ave.  
Columbus, OH 43223 1-614-437-2865

Each applicant must complete and submit a separate application for each program year.

First Name		Last Name	
Date of Birth (mm/dd/yyyy)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Answer
Mailing Address			
City	Zip Code	County	
Telephone Number		Email Address	
Race (select all that apply)	<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
	<input type="checkbox"/> Asian	<input type="checkbox"/> White	
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other	
Nationality (select all that apply)	<input type="checkbox"/> Arabic	<input type="checkbox"/> Hawaii, Guam, Samoa, Pacific Islands origin	
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Of Spanish origin or culture, regardless of race	
	<input type="checkbox"/> Europe, the middle east, or North African origins	<input type="checkbox"/> Origins in black racial groups of Africa	
	<input type="checkbox"/> Far East, Southeast Asia, Indian subcontinent origins	<input type="checkbox"/> Of an ethnic race other than those listed	

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

Authorized Shopper Name	
Relationship to Participant	Telephone Number

Check box corresponding to your TOTAL annual household income

<input type="checkbox"/>	1 person in household with income of \$0 - \$23,828	<input type="checkbox"/>	2 persons in household with income of \$0 - \$32,227	<input type="checkbox"/>	3 persons in household with income of \$0 - \$40,626
<input type="checkbox"/>	4 persons in household with income of \$0 - \$49,025	<input type="checkbox"/>	5 persons in household with income of \$0 - \$57,424	<input type="checkbox"/>	6 persons in household with income of \$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.

Applicant Signature	Date
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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.