

1. Required Senior Information

First Name: _____

Last Name: _____ Zip Code _____

Date of Birth (MM/DD/YYYY): __ __ / __ __ / __ __ __ __

2. Ethnicity

Hispanic/Latino: ☐ Yes ☐ No

3. Race Category (check all that apply)

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Black or African
American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> American Indian
or Alaska Native | <input type="checkbox"/> Native Hawaiian or
Other Pacific Islander | |

4. I meet ALL the following SFMNP eligibility requirements (sign Self-Certification Log)

- | | |
|---|--|
| <input type="checkbox"/> I am at least 60 years of age or older. | <input type="checkbox"/> My annual income does not exceed 185% of poverty level. |
| <input type="checkbox"/> I have been advised of my Rights and Responsibilities, Nutrition Education, and Nondiscrimination Statement under the SFMNP. | <input type="checkbox"/> I have not already received a SFMNP Farmers' Market Card this current year. |

For AAA/Service Provider Completion. Complete if unable to use Activate Cardholder Page to issue SFMNP benefits in-person.

Card number provided to the senior: _____

Distribution date: _____

PSA #: _____

Nondiscrimination Statement

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, audiotope, 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/ad-3027.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:

1. mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.