



Farm Market Fresh

Senior & WIC Farmers' Market Nutrition Program (S/FMNP)

Are you age 60 or above? Moderate to low income?

**Do you enjoy fresh produce from the Farmers'
Market?**

**Find out if you're eligible for the Senior Farmers'
Market Nutrition Program!**

CONTACT:



**PIEDMONT SENIOR RESOURCES
AREA AGENCY ON AGING, INC.**

1413 South Main Street
Farmville, VA 23901

Phone: 434-767-5588 Fax: 434-767-2529

www.psraaa.org



Farm Market Fresh

Senior & WIC Farmers' Market Nutrition Program (S/FMNP)

What is the Farmers' Market Nutrition Program (S/FMNP)?

In Virginia, we call it *Farm Market Fresh!* Virginia's *Farm Market Fresh* program helps eligible seniors get fresh, tasty, and nutritious locally grown fruit, vegetables, and cut herbs. The program also supports local farmers and farmers' markets in Virginia.

The Virginia Department for Aging and Rehabilitative Services-Office for Aging Services (DARS-OAS) partners with the Virginia Department of Agriculture and Consumer Services (VDACS), ten local Area Agencies on Aging (AAA), and one city government to operate the program which is funded by the US Department of Agriculture, Food and Nutrition Service.

Who is eligible?

If all of the statements shown below are true, then you may be eligible to participate.

- You are 60 years of age or older.
- You are a resident of a locality that participates in the program.
- You do not live in the same household and you are not an immediate family member of the farmer who grows the produce.
- You meet the program's income requirements. You must certify your household income.

How does it work?

- You must complete an application each year through your local Area Agency on Aging to determine if you are eligible to participate in the program.
- Participation is limited and applications are accepted on a first come-first served basis.
- Not all localities within the area served by your local Area Agency on Aging may be eligible to participate in the program.

What is provided?

- If your application is approved, you will receive \$50.00 worth of checks per eligible senior for that growing season.
- Each check is worth \$5.00 and may be used to purchase fresh, locally grown fruit, vegetables, and cut herbs from participating certified retail farmers market vendors.
*Please note: change cannot be given if the entire \$5 is not used.
- Certified retail farmers market vendors will accept checks for fresh, locally grown fruit and vegetables in-season, depending on the produce items available.

Where does S/FMNP Operate?

Piedmont Senior Resources AAA
1413 S. Main Street Farmville, VA 23901

We proudly participate in



for Older Adults and WIC

We accept S/FMNP - Senior & WIC Farmers' Market Nutrition Program checks

Look for this sign
posted at authorized
Farmers' stands!

What's in season?

Farm Market Fresh checks are issued for the summer growing season and usually must be spent during the months of June through November, depending on availability of produce.

Checks are used only for typical fruit and vegetables that grow in Virginia and may be found at Virginia's retail farmer's markets in a normal season, such as those listed below. The varieties, volume, and quality of available produce may vary depending on the weather and other factors.

VEGETABLES

Broccoli
Cabbage
Cucumbers
Eggplant
Greens
Green beans
Green peppers
Lima beans
Mushrooms

Pumpkins
Potatoes
Spinach
Squash
Sweet corn
Sweet potatoes

FRUIT

Apples
Blackberries

Cantaloupe
Nectarines
Peaches
Pears
Strawberries
Tomatoes
Watermelons

OTHER PRODUCE

Fresh cut herbs

ITEMS NOT ELIGIBLE

Items that you may NOT purchase with the SFMNP checks include:

- produce that is not locally grown such as oranges, bananas, and pineapples
- processed foods such as honey, maple syrup, cider, nuts, meat, bread, and cheese
- non-food items such as flowers and plants are NOT eligible
- dried herbs and teas

Farm Market Fresh for Older Adults
Virginia's Senior Farmers Market Nutrition Program (SFMNP)
Application

Please Print

Today's Date: ____ / ____ / ____

Applicant		Second Applicant - Same Household Unit	
Name:		Name:	
(Last)	(First) (MI)	(Last)	(First) (MI)
Residence Address:			
(Street)			
(City)	(State)	(Zip)	(County)
Address to which checks are to be mailed (if different):			
(Street/P.O. Box)			
(City)	(State)	(Zip)	
Phone			
Birthdate: ____ / ____ / ____		Birthdate: ____ / ____ / ____	
(Month)	(Day)	(Year)	(Month) (Day) (Year)
Applicant Demographics		Second Applicant Demographics	
Ethnicity: Mark one, regardless of Race	Race: Mark one or more	Ethnicity: Mark one, regardless of Race	Race: Mark one or more
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> White		<input type="checkbox"/> White
Office Use Only			
Check Numbers Issued _____		Staff Initials _____	Date _____

Self-Declaration for Income Eligibility

Number of People in Household _____

Total Monthly Household Income _____

Farm Market Fresh for Older Adults
Virginia's Senior Farmers Market Nutrition Program (SFMNP)
A p p l i c a t i o n

Certification - By my signature below I certify that

I understand that it is unlawful to receive farmer's market checks from more than one locality or to enroll in this program more than one time each Market Season. 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 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 my repaying the Virginia Department for the Aging, 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. I understand the Program's household income eligibility guidelines or have had them explained to me. I hereby acknowledge with my signature that my household family income is within the published income eligibility guidelines for participation in SFMNP.

--	--

Signature of Applicant Date

Signature of Second Applicant Date

Return Completed Applications To This Address:

**Piedmont Senior Resources
1413 S. Main Street
Farmville, VA 23901**