



# 2023 APPLICATION



**One Application per individual Senior in a household**  
If approved - \$50.00 per senior will be issued  
(First-Come, First-Serve)

**An application must be completed and submitted each year.**  
**Application must be complete and signed**

**RETURN COMPLETED APPLICATION TO:**

NM Farmers Market Nutrition Program  
2040 South Pacheco St. Phone: 505-469-0548  
Santa Fe, NM 87505 Fax: 505-476-8900  
Email: doh.fmnp@doh.nm.gov  
In-Person, Mail, Email or Fax

<b>First Name</b>		<b>Middle Initial</b>		<b>Last Name</b>			
<b>Birth Date (mm/dd/yyyy)</b>				<b>Gender</b>	<b>Male</b>	<b>Female</b>	<b>No Answer</b>
<b>Mailing Address</b>							
<b>City</b>			<b>Zip Code</b>		<b>County</b>		
<b>Cell Phone</b>				<b>Home phone</b>			
<b>Email Address</b>							

**Race (select all that apply)** **Nationality (select all that apply)**  
**Statistical and Reporting Purposes Only.** (Any designation cannot affect consideration of your application for benefits but may help determine that the administering program follows all federal civil rights laws.)

<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/> White, Non-Hispanic	
<input type="checkbox"/> White, Hispanic	

<b>Individual Monthly Income and household size</b>	<b>Do you participate in one or more of the following benefits? Check all that apply</b>	
	<input type="checkbox"/> SNAP (NM Food Stamp Program)	<input type="checkbox"/> ECHO-Food Bank
	<input type="checkbox"/> TEFAP(The Emergency Food Assistance Program)	<input type="checkbox"/> Salvation Army-Food Bank
	<input type="checkbox"/> Senior Food Boxes	<input type="checkbox"/> Loaves & Fishes-Food Bank
<b>Number in Household:</b>		<input type="checkbox"/> Any Other Food distribution:
<b>Gross Monthly Income:</b>		

**Choose how you would like your benefits (Select which applies to you )**

1-time seasonal produce box **(Food boxes if you do not have access to a Farmers Market, farm stand or roadside stand)**

Shopper card to attend a local Farmers Market, Farm Stand or Roadside Stand

If you received a Shopper card in 2022 and still have it, indicate card number **8081 6021** \_\_\_\_\_

If you lost your Shopper Card and want another to attend the Farmers Markets **Select** YES NO

**Complete the following information Only if you the applicant is designating an authorized shopper/proxy.**

<b>Authorized Shopper Name</b>		<b>Relationship</b>	
<b>Phone Number</b>			

**I certify that I am at least 60 years of age (non-Native American) or 55 years of age (Native American), a resident of New Mexico, and I meet the income requirements established by the USDA at or below 185% poverty level.**

<b>Applicant Signature</b>		<b>Date</b>	
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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 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 SFMNP are the same for everyone, regardless of race, color, national origin, sex (including gender identity and sexual orientation) disability, age. I understand that I may appeal any decision made by the local agency regarding my eligibility.

NM WIC SFMNP Office Use Only

State of NM SFMNP Program Certifier Signature

Date

Eligible  Yes or  No Reason for Denial: \_\_\_\_\_ Was denial letter sent: \_\_\_\_\_ (attach copy)

Nutritional Education issued:  Yes or  NO

Participant Account number: \_\_\_\_\_



**2023**  
**APPLICATION**



## **Please keep for your records**

### **PARTICIPANTS RIGHTS AND RESPONSIBILITIES**

I have been advised and understand my rights and responsibilities under the SFMNP.

- Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, sex (including gender identity and sexual orientation) disability, age
- Everyone has the right to a fair hearing and may appeal the denial of benefits based on eligibility. Individuals may not appeal when the reason for denial is there are not enough funds for every applicant to participate.
- I understand that I am to be notified in writing within 15 days of application if deemed ineligible and to have my information kept private except for accuracy verification by program officials unless I request for it to be shared
- Anyone committing fraud or abuse in connection with the SFMNP is liable to prosecution under applicable federal, state and local laws.
- SFMNP benefits can ONLY be used to purchase fresh fruits, vegetables, honey and fresh cut herbs which must be purchased at Certified Farmers' Market, Roadside Stands, Farm Stand sites throughout New Mexico by November 29.
- I understand that I have the right to have clear directions of how and where to use my benefits that are issued to me, either by Shopper card or Mobile phone application.
- Lost Shopper cards should be reported to your local State Farmers Market Nutrition Program at 505-476-8816 or 505-469-0548. 2040 South Pacheco St., Santa Fe, NM 87505
- Farmers may accept cash or food stamps to cover purchases over your benefit issuance.
- Farmers cannot discriminate against SFMNP participants in price, quality of produce, or service.
- I understand that funding is limited and is served on a first come, first-served basis until funding runs out
- I have the right to learn about other services that may be available to me

# Please keep for your records

## Non-Discrimination Statement

### Senior Farmers Market Nutrition Program 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, audiotape, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.