

2023 Senior Farmers Market Vouchers

The Aging & Disability Resource Center will begin distributing a limited supply of Senior Farmers Market Vouchers at local Farmers Markets in June 2023. Eligible seniors can receive \$35 in vouchers to be used at any approved Farmers Market vendor in the state of Wisconsin. The vouchers can be used to purchase fresh fruits and vegetables grown in Wisconsin. Eligibility Agreement on page 2 of this flyer.

One \$35 voucher packet per person.

To be eligible to receive the vouchers in Eau Claire County you must be:

- A resident of Eau Claire County
- 60 years of age or older or 55 years of age or older if Native American
- Meet income eligibility guidelines:

Household Size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	\$36,482	\$3,041	\$702
3	\$45,991	\$3,833	\$885
4	\$55,500	\$4,625	\$1,068
Each additional household member	\$9,509	\$793	\$183

A limited number of Farmer's Market vouchers will be available at each location.

Vouchers will not be available at the ADRC until AFTER

the below distribution dates

Date	Voucher Distribution	Farmer's Market Location
Wednesday,	9:00 am – 12:00 pm	Augusta Senior & Community Center
June 7 th		616 W. Washington St. Augusta
Wednesday,	11:00 am – 1:00 pm	Eau Claire County Government Center
June 14 th		Front Vestibule
		721 Oxford Ave Eau Claire
Thursday,	12:00 pm to 2:00 pm	Phoenix Park Farmer's Market
June 15 th		330 Riverfront Terrace Eau Claire

SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP) ELIGIBILITY AGREEMENT

Completion of this form is voluntary. If it is not completed, the applicant will not be eligible to receive the benefits of the Senior Farmers' Market Nutrition Program.

Print)	Race (check one or more) American Indian or Alaska Native Asian	
ase Print)	Black or African American Native Hawaiian or Other Pacific Islander White	
Date of Birth (MM-DD-YY)	Ethnicity Information (check one)	
	Hispanic or Latino Not Hispanic or Latino	
	ase Print)	

Primary Language Spoken if not English _

I certify that my household income is at or below 185 percent of the federal poverty guideline.

I have viewed the current year's SFMNP Income Eligibility Table.

- I certify that I am 60 years of age or older or I am a Native American 55 years of age or older.
- I certify that I am a resident of ______ county.
- · I understand that program vouchers are used for the purchase of locally-grown fresh produce.
- I have received instructions about how and where to use program vouchers as applicable
- I understand that it is illegal to enroll in this program at more than one location.
- I have designated ______to be my authorized representative.

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, or prior civil rights activity. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

SIGNATURE – Applicant	Date Signed
SIGNATURE – Authorized Representative	Date Signed
SIGNATURE – SFMNP Agency	Check Numbers Issued

This institution is an equal opportunity provider.