

Vermont Senior Farm Share Program

Sponsored by the USDA Senior Farmers' Market Nutrition Program

EACH APPLICANT NEEDS TO COMPLETE A SEPARATE APPLICATION, EVEN IF THEY LIVE IN THE SAME HOUSEHOLD.

2024 Resident Application

Highlighted fields are mandatory

Name: _____ Date of Birth: ____ / ____ / ____

Name of Housing Site: _____ Apartment Number: _____

Phone Number: _____ Email: _____

● Are you 60 years old or older? Yes No

○ If you are not 60 or older, do you have a disability? Yes No

● Is your monthly gross income at or below the following limit: Yes No
Single Person = \$2,322 or 2-Person Household = \$3,152

● Please select your Ethnicity (select one):

Hispanic or Latino Not Hispanic or Latino

● Please select your Race (choose all that apply):

White American Indian or Alaskan Native Asian

Black or African American Native Hawaiian or Other Pacific Islander

In signing below, I certify that all of the above information is correct. I also understand that:

- the program provides no cash benefits
- the application is only good for the 2024 program
- benefits are limited to fresh fruits and vegetables grown by the farm assigned to me by the program
- a household **may not** take part in this program **and** take part in the Vermont Farm to Family coupon program in the same year
- the program rules are the same for everyone regardless of their race, color, national origin, disability, sex or age, except that this program is limited to people eligible for federal Senior Farm Share benefits
- I may appeal if I am told that I do not qualify for Senior Farm Share benefits.

To appeal: Contact Johanna Doren at 802-434-7162 or johanna@nofavt.org

I also understand that the information on this form will be used only for program eligibility determination, and that any other use of this information would require my permission.

Applicant Signature: _____ Date Signed: _____

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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