

**Senior Farmers Market Nutrition Program - Bulk Purchase
2023 Income Eligibility Guidelines**

Number of family members:	Annual Income:
1	\$ 26,973
2	\$ 36,482
3	\$ 45,991
4	\$ 55,500
5	\$ 65,009
6	\$ 74,518
7	\$ 84,027
8	\$ 93,536
Each additional member add:	\$ 9,509

- 1) Are you 60+ years of age or do you receive SSDI? _____
- 2) Do you earn less than the income stated above? _____
- 3) Are you a Rhode Island resident? _____
- 4) Have you received less than two produce box this year? _____

If you answered “yes” to questions #1-4, you are considered eligible to receive a Senior Farmers Market Nutrition Program (SFMNP) produce box for the 2023 season. Each eligible RI residents may only receive a maximum of two produce boxes each year.

**Proxy: I give permission for _____
to sign, receive, and deliver the Bulk Purchase Produce Box on my
behalf as I am unable to do so myself.**

Applicant Signature: _____ Date: _____

Applicant Phone Number/Email: _____

Date/Time of Produce Box Delivery: _____

Agency Representative Signature: _____

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/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:

mail:

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

fax:

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

email:

program.intake@usda.gov

This institution is an equal opportunity provider.