

ARKANSAS SENIOR FARMERS' MARKET NUTRITION PROGRAM		
2026 APPLICATION TO PARTICIPATE		
First Name:	Middle Initial:	Last Name:
Residential Address:		Mailing Address (if different)
City:	State:	Zip Code:
Social Security Number:	County:	Phone Number:
Date of Birth:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
This data is required by USDA and will not affect your eligibility for benefits.		
Ethnicity: (select one) <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino	Race: (select one or more) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Other	
Number in Household:	Monthly Gross Household Income: \$	
Check the following that apply: <input type="checkbox"/> I receive USDA Commodities (CSFP/Food for Seniors) <input type="checkbox"/> I have Arkansas EBT (food stamps/SNAP)		Previously received Senior Farmers' Market Coupons: <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>In accordance with Federal law and U.S. Department of Agriculture policy, this Agency is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, Washington, DC 20250-9410, or call toll free (866)632-9992 (Voice). Individual who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800)845-6136 (Spanish). USDA is an equal opportunity employer.</p>		
AFFIDAVIT		
<p>I hereby apply to participate in the Arkansas Farmers' Market Nutrition Program. I certify that I am 60 years of age or older. I confirm that my gross monthly income is below the income limit and is within the guidelines to be eligible to participate in this program (not more that 185% of poverty). I am an Arkansas resident and a resident of the Northwest Arkansas Food Bank service area. I agree to purchase Arkansas grown fresh, unprocessed fruits and/or vegetables in approved markets and farm stands with the coupons that I receive. I also understand that no change can be given for coupons used for such purchases.</p> <p>I indicate that neither I nor my household is participating in the SFMNP through more than one service delivery (dual participation is illegal). 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 Agency in cash, the value of the food benefits improperly issued to me any may subject me to civil or criminal prosecution under State and Federal law.</p> <p>I have been advised that it is illegal to be a dual participant in SFMNP. Application to receive coupons in more that one county or under a separate name is illegal and may subject me to civil or criminal prosecution under State and Federal Law.</p> <p>Standards for eligibily and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP by filing for an appeal hearing with the Northwest Arkansas Food Bank.</p> <p>I understand that only one coupon book per household will be issued.</p>		
WAITING LIST: Applicants may be placed on a waiting list if there are more applicants than can be served.		
Signature:		Date:
Name of Designated Proxy (if applicable):		Relationship:
NWAFFB OFFICE USE ONLY		
NWAFFB Staff Name:		Date:
SFMNP Voucher Booklet Issued	Beginning Voucher Number	<input type="text"/>
	Ending Voucher Number	<input type="text"/>
Application Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	If Application Denied	Appeals Procedures given to applicant: <input type="checkbox"/> YES <input type="checkbox"/> NO
If Application Denied Why:		
<input type="checkbox"/> Under age 60	<input type="checkbox"/>	Not a resident of Arkansas
<input type="checkbox"/> Income exceeds Eligibility Limit	<input type="checkbox"/>	Not a resident of an eligible county
<input type="checkbox"/> Household already receiving coupons through another eligible person		