

## 2025 Mobile Summer Farmers' Market Produce Program Application

Please complete the questions below for the mobile summer farmers' produce program.

Name of Applicant:	Current Address:
Name of Child(ren):	
Telephone Number Where You Can Be Reached:	

Is your household income within 200% of the Federal Poverty Level? (see chart below for income guidelines)

Please circle the correct response:	Yes	No
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Family Size	Federal Poverty Guidelines 200%*
1	\$2,510
2	\$3,406
3	\$4,303
4	\$5,200
5	\$6,096
6	\$6,993
7	\$7,890
8	\$8,786
9	\$9,683
10	\$10,580

\*Monthly income must not exceed this amount based on family size (before taxes).

For Staff Use:

Application Approved

Application Denied

Name of Staff processing form:

Date:

By signing this application, you are verifying that you are a legal resident of Ohio and have granted approval of your child(ren)'s participation in this program and that the above answers are correct.

\_\_\_\_\_  
Parent or Legal Custodian Signature

\_\_\_\_\_  
Date