

Illinois Department of Human Services - Farmers' Market Nutrition Program

SENIOR PARTICIPANT APPLICATION TO RECEIVE BENEFITS

One booklet per eligible person
All information below is required

Date of Application: ____ / ____ / ____

Please print clearly

First Name: _____

Last Name: _____

Address: _____
Street City State Zip

Home Phone: (____) _____

Household Size: _____

Birth date: ____ / ____ / ____

Gender: Female Male

Birth date must be on or before 10/31/1958

Max Household Income: 1 person, up to **\$1,872** or
2 people, up to **\$2,538** or
Add \$666 for each additional person

The collection of race and ethnicity is requested solely for determining the agency's compliance with Federal civil rights laws, and ensures that the program is administered in a non-discriminatory manner. Your responses to the following questions will not affect consideration of your application. ***If you choose not to self-identify race and ethnicity, the person taking the application must record the participant's race and ethnicity based on visual observation.***

Ethnicity:

- Hispanic or Latino
- NOT Hispanic or Latino

Race (may select one or more):

- White
- American Indian
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- Multiple Races (one or more)

To be eligible to receive booklets, ***you must be at least 60 years of age*** and meet the income guidelines, which are based on 185% of the Federal Poverty Income Guidelines, during the current fiscal year.

Receiving more than one booklet per person will result in ineligibility next year.

Provided Income Guidelines, Nutrition Ed, Participant Guide, & Civil Rights

Issued booklet # _____ thru _____

Please, sign at bottom of page 2 and return both pages

Illinois Department of Human Services - Farmers' Market Nutrition Program

PROXY

If needed, a proxy is a person authorized to receive and/or redeem my booklet of coupons, only. Proxies should be at least 18 years of age & dependable for the duration of the program. A proxy must present identification as well as written approval from the participant in order to be issued checks. Proxies must sign my booklet of checks. Proxies must follow the same program guidelines as participants when purchasing fruits and vegetables from an authorized farmer.

_____ I authorize the following individual to act as my proxy.
Signature of Participant

Name of proxy #1: _____ Name of proxy #2: _____
Proxy #1's ID Checked Proxy #2's ID Checked

CERTIFICATION BY PARTICIPANT

- I have been advised of my rights and obligations under this program.
- I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge.
- I understand that I can only receive one booklet per year and receiving more than one booklet will cause my ineligibility next year.
- This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form and will cross check names with other distribution sites for duplication of services.
- 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 & may subject me to civil or criminal prosecution under State and Federal law.
- I understand standards for eligibility & participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, sex or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
- I understand I may appeal any decision made by the local agency regarding my eligibility for this program.
- I certify I meet the household size and current annual income guidelines provided by the state and that I am eligible to the receive benefits of this program.
- I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs & for program outreach purposes.

This indicates participant's agreement to all of the above. YES NO

Signature of Person Picking Up Booklet

Date

Signature of Person Distributing Booklet

Date

Approved Farmers Market Locations

Franklin County

414 West Hudelson St. (Benton City Park)
Benton
Thursday 3:00-6:00pm

Route 148 & West Espy St. (Sesser City Park)
Sesser
Tuesday 6:00-noon

11474 Ward Road (Valier Greenwood Church)
Valier
Saturday 9:00-11:00am

1002 East Cleveland St. (behind aquatic center)
West Frankfort
Tuesday 3:00-6:00pm

301 Church St. (Super Kohl Park)
Zeigler
Friday 3:00-6:00pm

Jackson County

Main and 5th St. (Smysor Park Gazebo)
Ava
Thursday 2:00-6:00pm

2102 West Main St. (Westowne Shopping Strip)
Carbondale
Saturday 8:00-noon

330 South Giant City Road (high school)
Carbondale
Saturday 8:00-noon

200 N. Washington St.
Carbondale
Wednesday 3:00-6:00pm

Corner of Rt. 51 North and Rt. 13 West
Carbondale
Friday 6:00-9:00pm

Corner of West Main & Walnut St.
De Soto
Tuesday 3:30-6:30pm

Route 51 (Community Garden Spot)
Elkville
Thursday 3:30-6:30pm

1101 South Walnut Street (City Administration Bldg.)
Murphysboro
Saturday 8:00-noon

Massac County

1308 E. 5th St. (Fort Massac Park)
Metropolis
Saturday 7:00-noon

Perry County

127 North Division St. (Keyes City Park)
Du Quoin
Saturday 7:30-11:00am

1031 South Main St. (Kellerman Feed Store)
Pinckneyville
Tuesday 3:00-6:00pm

Union County

Davie Street parking lot
Anna
Tuesday 7:00-noon

Williamson County

102 North Greenbriar Road (Cannon Park)
Carterville
Wednesday 3:00-7:00pm

Park Avenue parking lot by railroad tracks
Herrin
Saturday 6:00-noon

100 E. Broadway
Johnston City
Friday 3:00-6:00pm

507 West Main Street
Marion
Wednesday 6:00-10:00am
Saturday 6:00-noon

1301 Enterprise Way (Marion VA campus)
Marion
Wednesday 8:00-noon

Illinois Department of Human Services - Senior Farmers Market Nutrition Program

Know Your Civil Rights

Background: Any agency that receives Federal assistance must obey and enforce civil rights laws. These laws have been enacted to insure that people who apply for and/or receive benefits from the government are treated with dignity and respect and that there are no differences in how they are treated based on certain characteristics that legislators have found worthy of special protections.

Protected Classes: State and Local Agencies, vendors and other subcontractors involved in the administration and operation of the WIC and Senior Farmers' Market Nutrition Programs in Illinois shall not discriminate against any applicant or participant for reasons of race, color national origin, age, sex and disability. Congress has, however, limited participation in the WIC Farmers Market Nutrition Program (FMNP) to low income pregnant, postpartum and breastfeeding mothers and children over 4 months and no older than 5 years and in the Senior Farmers' Market Nutrition Program (SFMNP) to people over age 60. This is not discrimination based on sex or age because Congress has intended these programs for people in these groups.

Illinois eligibility requirements are to be active WIC participants or proxy who are pregnant, postpartum, breastfeeding or children age 1-5 or for the senior program to be 60 years older and meet the income guidelines.

Your Rights: As an applicant for or beneficiary (recipient) of benefits from the Senior Farmers' Market Nutrition Program you have the following rights:

- Equal treatment when applying for and when using benefits;
- Being advised of your rights and responsibilities;
- Receiving information in another language or being provided with an interpreter by the local Agency if you are limited English proficient and cannot communicate well enough in English to obtain meaningful access to benefits;
- Receiving reasonable accommodations to complete the application process and to help you participate in the program and if you are disabled;
- Asking questions and getting answers about eligibility determinations, your rights and responsibilities, and how to file complaints;
- Not having illegal barriers imposed that prevent or deter you from receiving benefits;
- Being treated with dignity and respect when applying for and when using your benefits; and
- Having your properly presented FMNP checks accepted in a nondiscriminatory manner by participating farmers or their employees in exchange for locally grown fresh fruits and vegetables.

Nondiscrimination Statement and Complaint Filing: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 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

**Illinois Department of Human Services
Senior Farmers' Market Nutrition Program (SFMNP)**

Procedure for Participant Abuse and Sanction of SFMNP

Federal Regulation require that all states adopt policies and procedures to pursue repayment of the cash value of foods received through the participant's deliberate falsification of information unless the pursuit is deemed not cost effective. The following statement is on all SFMNP applications

"I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying, in cash, the value of the food benefits improperly issued to me and I may be subject to civil or criminal prosecution under State and local federal law"

Participant Abuse of SFMNP

This section describes the various actions, which are considered participant abuse of SFMNP, and details the sanctions and procedures for dealing with the abuse. The forms to be used for each notice are attached. Agencies must follow the procedures below for sanctions in the event of program abuse by participants / guardians / caretakers / foster parents or their proxies.

The Senior Farmers Market Nutrition Program has the responsibility and the right via 7 CFR 246 to recover, in cash from an abusive guardian or caretaker an amount equal to the value of the over issued food benefits plus administrative expenses incurred in the pursuit of the collective action.

Through review of procedures required at the state and local levels for pursuing repayments, we have determined that it is not cost effective to pursue repayment of less than five hundred dollars (\$500) per participant.

Listed below are selected categories of abuses and associated sanctions that have been established by the Department. Such resolutions may involve the imposition of specific sanctions as a result of an incident. Sanctions to be imposed by the Local Agency may include disqualification from the program for the current season based on the severity of the violation.

Please note that warnings may be imposed prior to any sanctions. It is the responsibility of the Local Agency to provide fully opportunity to appeal any disqualification. In the event that a sanction is imposed, the local agency must document the event completely and forward that documentation to DHS for review.

A participant may not reapply or be placed on a waiting list during a disqualification period.

If a Hearing is Requested

1. Keep the participant on the program.
2. Have a minimum of 10 days advance written notice of the time and place of the hearing and enclose an explanation of the hearing procedures.
3. The local agency may conduct a preliminary conference with the participant within 3 weeks from the date when the hearing request is received by the agency.
4. Conduct a hearing that is accessible to the participant and held within 3 weeks from the date when the hearing request is received by the local agency.
5. The written decision by the hearing officer and the reasons for the decision, in accordance with shall be sent to the participant with 45 days of the receipt of the request for the hearing.

6. The participant may appeal the local agency decision to IDHS within 15 days of the mailing date of the hearing decision notice.
7. The participant may seek judicial review if they are not satisfied with DHS's decision.

Abuses/Administrative Action

Abuses	Administrative Action
1. Sale of checks or produce to other individuals or entities.	Warnings for first offense and disqualification may be imposed for repeat offences.
2. Receipt from farmers of cash or credit toward purchase of unauthorized food or other items of value in lieu of authorized supplemental foods	Warnings for first offense and disqualification may be imposed for repeat offences.
3. Alteration of checks	Warnings for first offense and disqualification may be imposed for repeat offences
4. Theft of checks and/or use of stolen checks	Warnings for first offense and disqualification may be imposed for repeat offences.
5. Physical abuse or threat of physical abuse to local farmers or distribution site staff.	Warnings /disqualification may be imposed based on severity of the abuse.
6. Dual Participation	If intentional, immediate removal from one program.
7. Intentionally making false or misleading statements, misrepresenting, concealing or withholding facts to obtain benefits.	Disqualification required. In addition, the participant may be subject to a claim for repayment of benefits. If the value of produce obtained through deliberate falsification exceeds \$500, per participant, the participant will be required to repay the cash value of the produce received.