

CONNECTICUT SENIOR FARMERS' MARKET NUTRITION PROGRAM STAFF ADMINISTRATIVE PROCEDURES

SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP) ELIGIBILITY GUIDELINES:

Guidelines are stated on LOA and the Front Check Receipt on each SFMNP check booklet.

*The means tested income levels for 2016 are: **SINGLE PERSON = \$ 21,775 COUPLE= \$ 29,471***

Couples may receive a second check booklet if a site has not distributed all allocated SFMNP check booklets.

Upon receipt of the SFMNP Checks, all Local Coordination Agencies (LCA) must verify the received checks against the enclosed **DELIVERY RECEIPT ACKNOWLEDGEMENT**.

Sign this form and return it to the Connecticut Department of Agriculture (DoAg). If you find any discrepancies with the stated information on the Site Receipt Acknowledgment, contact DoAg. Damaged and missing checks will be replaced based on availability. These checks have monetary value and should be treated as such. Keep them in a secure, locked location until distribution. If any checks are stolen, contact DoAg.

Distribution: Refer to the SFMNP Distribution Instructions on the reverse side.

Post the "And Justice For All" Poster in a location your clients can view it. If needed, a hard copy or electronic copy can be provided by DoAg.

Social services/elderly service coordinators should only provide SFMNP checks to eligible clients living in their town/city or in their specific housing site. This does not apply to agencies that provide benefits to multiple towns/cities. All agencies must instruct each eligible client that they may only receive one check booklet.



Each booklet consists of:

- Receipt Page – *first/top page on the check booklet*
- A series of three dollar (\$3.00) commercial bank checks with serial numbers, pre-bundled in sequential order. Total amount may vary from year to year.
- List of authorized redemption locations.

Each LCA must collect this SIGNED Receipt Page from each eligible client at the time of distribution. This receipt page shall be kept by the LCA for its records as proof that the SFMNP checks were distributed and whom they were provided too.

WHATS NEXT?? DoAg will distribute the SFMNP Check Distribution Report in September. These forms are due back by October 31st.

Questions should be directed to: Rick Macsuga @ (860)713-2544

IMPORTANT: Failure to return a signed letter of agreement (LOA), a delivery receipt acknowledgement, SFMNP check distribution report and/or keep proper records consisting of SFMNP receipt pages, copies of the LOA, copies of the delivery receipt acknowledgement, and copies of the SFMNP check distribution report for a minimum of three (3) years will result in the removal from the program.

"In accordance with federal law and U.S. Department of Agriculture Policy, this institution 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 Civil Rights, 1400 Independence Ave, S.W., Washington, D.C. 20250-9410 or call (800) 795- 3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Senior FMNP Distribution Instructions:

The SFMNP is jointly funded by the Connecticut Department of Agriculture and the United States Department of Agriculture Food and Nutrition Service. This program is subject to compliance audits by state and federal authorities. In addition, DoAg does annual compliance reviews where these records may be requested. Failure to provide them shall result in dismissal from the SFMNP.

1. When distributing the Senior FMNP Checks instruct clients to read the statement and sign and date the FRONT PAGE of the Receipt.

*Clients Sign
here @
distribution*

2012 Seniors Farmers' Market Nutrition Program: Receipt of Check Booklet
I acknowledge receipt of CT Farmers' Market Nutrition Program Checks. I am 60 years of age or older (or und 60 years of age, permanently disabled living in subsidized senior housing) **and** my income does not exceed the 185% poverty income guidelines. I have been advised of my rights & obligations under the SFMNP. This certificate form is being submitted in connection with the receipt of federal/state assistance. I certify that the information have provided for my eligibility determination is correct, to the best of my knowledge. Program officials may v information on this form. I understand that making false statements could subject me to prosecution under C or Federal laws, and that I would be required to pay back the value of these coupons. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP. Standards of eligibility participation are the same for everyone regardless of race, color, national origin, age, disability, or sex.

Signature _____ Date _____

First Check Received: 2224766 **Last Check Received:** 22247

COMPLETE REVERSE SIDE

This program is supported by funding from the United States Department of Agriculture, Food and Nutrition S and the Connecticut Department of Agriculture.

2. Next instruct your client to fill out the REVERSE SIDE of the Senior FMNP Check Receipt:

Print Name: _____

Address: _____

City: _____ State _____ ZIP _____

Please answer both statements: (Optional)

Select 1 or more of the racial categories:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Select 1 or more ethnic categories:

☐ Not Hispanic Latino

☐ Hispanic or Latino

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*Clients
Must
Fill Out*

3. Verify their information is correct. Next remove this receipt page from the check booklets. **Retain this page with other SFMNP documents for three (3) years.**
4. Review the Senior FMNP check with your clients. Instruct them:
 - a. Checks can be used to purchase *fruits, vegetables, fresh cut herbs, and honey*. Nothing else.
 - b. Show the clients where they have to sign this check when making the purchase. See below.
 - c. Instruct them that each check is worth three dollars (\$3.00). No change can be provided and the checks cannot be exchanged for cash.
 - d. Checks must be used by October 31st of the program year & cannot be used passed the expiration date or in future years.
 - e. Eligible clients can only receive one check booklet per year.
 - f. These can only be used at authorized farmers markets/stands listed in the rear of the booklet or other notices provided by DoAg.

51-57/119

CONNECTICUT GROWN

SENIOR FARMERS' MARKET NUTRITION PROGRAM

CHECK MUST BE USED BY OCTOBER 31, 2012

FOR THE PURCHASE OF CONNECTICUT GROWN

FRESH FRUITS, VEGETABLES AND HONEY ONLY

AT CERTIFIED FARMERS' MARKETS

2224766

NOT GOOD AT GROCERY STORES OR ROADSIDE MARKETS

PAYABLE TO: A Connecticut Certified Farmers' Market Program Vendor **\$ 3.00**

THREE AND NO/100 **DOLLARS**

CONNECTICUT DEPT. OF AGRICULTURE
165 Capitol Avenue, Hartford, CT 06106

BANK OF AMERICA
HARTFORD, CONNECTICUT

NO CHANGE ISSUED

PARTICIPANT SIGNATURE _____

*Clients
sign here
when
making a
purchase*

CONNECTICUT SENIOR FARMERS' MARKET NUTRITION PROGRAM STAFF ADMINISTRATIVE PROCEDURES

USDA Non-Discrimination Statement

In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice any TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complamt_filing_cust.html, or 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:

mail:

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

fax:

(202) 690-7442; or

email:

program.intake@usda.gov.

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