

THE FOOD BASKET Inc.

Hawaii Island's Food Bank

www.thefoodbasketHI.org

June 1, 2010

Aloha Seniors:

Thank you for your interest in the Senior Farmers' Market Nutrition Program (SFMNP). Produce will be available during the week of June 21, 2010 through September 30, 2010.

One of the goals of the Senior Farmers' Market Nutrition Program (SFMNP) is to provide fresh and nutritious locally grown produce to eligible low-income seniors ages 60 and over who are at or below 185% of the federal poverty level.


The Food Basket Inc. will be processing your applications and certifying eligible seniors at various sites around the Island of Hawai'i.

The following documents are required for certification:

1. Completed 2010 Senior Farmers' Market Nutrition Program Application- signed and dated by the applicant;
2. Identification card - picture (Driver's License, State ID, Senior ID)
3. Verification documents which establish your annual income. This would be your Federal Tax Form (1040), Medicaid card or other documentation

**Please complete the proxy form if disability or lack of transportation would prohibit an otherwise eligible Senior from participating.

Me ka ha'a ha'a,


Nani Lee, Ph.D.
Executive Director

Board of Directors

Tom Whitemore
Chairperson

Roland Higashi
Vice Chair

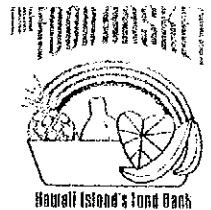
Debra Ching-Maiava
Secretary

Warren Lee, P.E.
Treasurer

Carol Ignacio
Director

Barry Taniguchi
Director

Nani Lee, Ph.D.
Executor Director





**The Food Basket's
Senior Farmers' Market Nutrition Program - 2010**
APPLICATION REQUIREMENTS: 60 years old and over
Annual Income: \$23,051 Individuals
\$31,006 Couples

**PROGRAM
STARTS ON
June 21, 2010**

Bring completed application form, ID, & proof(s) of income and apply in person at any participating Nutrition site (see list), Coordinated Services, Food Bank, or Hawaii County Office of Aging.

PICK-UP SITE _____
(Select Site from Enclosed Flyer)

Name (Last, First, M.I.)		Gender (M or F)	Date of Birth (MM/DD/YY)
Spouse's Name (Last, First, M.I.)			Date of Birth (MM/DD/YY)
Residence Address		Mailing Address	
Home Telephone Number	Emergency Contact's Name		Emergency Contact's Phone No.
Receiving Public Assistance ___ No ___ Yes (If yes, check all that apply) ___ SSI ___ GA ___ Food Stamps ___ Other _____	Ethnic Background: MUST ANSWER BOTH QUESTIONS!!! Select one of the ethnic categories: ___ Not Hispanic or Latino ___ Hispanic or Latino Select one or more of the racial categories: ___ American Indian or Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian ___ White ___ Other		Household Size
Limited English Speaker? ___ Yes ___ No	Veteran? ___ Yes ___ No	Home Bound? ___ Yes ___ No	
Household Yearly Income		To be completed by Agency - COMPLETE BOTH BOXES!!!!!!	
Applicant (Self) \$ _____		Age Verified by: (check all that apply) ___ Driver's License ___ State ID ___ Senior ID ___ Birth Certificate ___ Other _____	Income Verified by: (check all that apply) ___ Federal Tax Return ___ Medicaid Card ___ Other _____
Spouse \$ _____			
Others in household \$ _____			

As required by Section 249.6 (d) (2) of the SFMNP Regulations, 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 State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. Standards for eligibility 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.

Applicant's Signature _____ Date _____

I certify that I examined the above information and documents and the eligibility requirements are met.

Signature of Food Basket Staff _____ Print Name of Food Basket Staff _____ Date _____

"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 Avenue, 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."

Hawaii Senior Farmers' Market Nutrition Program Proxy Form

Name of senior: _____ Birth date: _____

Address: _____

City: _____ Zip code: _____ County: _____

Phone: _____

The Senior Farmers' Market Nutrition Program (SFMNP) provides fresh fruit and vegetables to low-income seniors with the goal of improving their health and nutritional status. Seniors are encouraged to be active participants in picking up their weekly bag of produce during the length of the CSA program at their designated distribution site. If the senior is unable to fully participate in any part of the program due to disability or lack of transportation, they may designate by this proxy form a representative to participate on their behalf.

Name of representative: _____

Address: _____

City: _____ Zip code: _____

Phone: _____

By signing this form, you appoint the above named representative to represent your interests in the SFMNP.

Senior Participant Signature

Date

If the senior applicant/participant is unable to sign and has a Durable Power of Attorney in effect, please attach a copy of the DPOA to this document.

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Fresh Locally Grown Produce

FREE

DISTRIBUTION DAYS, SITES & TIMES EAST HAWAII

MONDAY

Hawaii Island Adult Center	11:00-12:00 pm
Kamana Housing (Hale Olaloa)	1:00- 2:00 pm
ILWU Hall (100 E. Lanikaula St.)	1:30- 2:30 pm

TUESDAY

Edith Kanakaole Tennis Stadium	11:00-12:00 am
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WEDNESDAY

Mt. View -St. Teresa Church	9:30- 10:30am
Volcano-Cooper Center	10:00-11:00 am
Pahala Nutrition Center	11:00-12:00 am
Naalehu Nutrition Center	11:30-12:00 am
Kahuku Park -Ocean View	12:30-1:30 pm

THURSDAY

Papaikou Community Center	10:00-11:00 am
Pepeekeo Community Center	10:30-11:30 am
Papaaloa Nutrition Center	11:00-12:00pm
Paaui Nutrition Center	11:30-12:00 pm
ILWU Honokaa	1:30- 2:30 pm

FRIDAY

Puna Hongwangi	11:00-12:00 pm
Pahoa Sacred Hearts	11:30-12:30 pm

PROGRAM

STARTS ON

JUNE 21, 2010

ENDS SEPTEMBER 30, 2010

SITES ARE SUBJECT TO CHANGE

SITES MAY BE SUBJECT TO CHANGE

QUALIFICATIONS

60 years and over with income less than \$23,051 for single and \$31,006 for couples.

SENIOR FARMER'S MARKET NUTRITION PROGRAM

Locally Fresh Grown Produce for Qualifying* Seniors

FREE

DISTRIBUTION DAYS, SITES & TIMES WEST HAWAII

MONDAY

Holualoa Imin Center 9:30-10:30 am

TUESDAY

Hale Hookipa Elderly Housing 10:30-11:30 am

Yano Hall 10:00-10:30 am

Kona Adult Day Care 9:30-10:30 am

WEDNESDAY

Kohala Nutrition Center 9:00-10:00 am

Kahilu Theater - Mana Christian 10:00-11:00 am

Waikoloa Community Church 11:15 - 11:45 am

THURSDAY

St. Benedict's 9:00-10:00 am

Hale Anuheia 9:30-10:30 am

FRIDAY

ILWU (Kona) 10:00-11:00 am

Hualalai Elderly #1, 2, 3 9:00-10:00 am

(residents only)

QUALIFICATIONS

60 years and over with income less than
\$23,051 for single and \$31,006 for couples.

PROGRAM

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JUNE 21, 2010

ENDS SEPTEMBER 30, 2010

SITES ARE SUBJECT TO CHANGE

SENIOR FARMERS' MARKET NUTRITION PROGRAM