

STATE OF MONTANA

DPHHS/Senior & Long-Term Care Division/Aging Services | Community Food & Agriculture Coalition

2026 SENIOR FARMERS' MARKET NUTRITION PROGRAM APPLICATION

Name of Applicant _____

Address _____ Email: _____

_____ City _____ State ___ Zip _____

County _____

Phone _____ *Number in Household _____

Age _____ Birthdate _____

You must be **60** years of age or older and meet the income guidelines **BELOW** to participate. Participation in the SFMNP does not affect eligibility for other programs, such as SNAP.

*List All Other Household Members	Age	Date of Birth

ETHNICITY: ** (select only one)

Hispanic/Latino

Non-Hispanic/Latino

RACE: ** (select all that apply)

White

Black/African American

Native American/Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

We ask your help in full completion of this information. This helps us ensure that we are meeting the guidelines for USDA funding and needs within the community. This information does not affect your eligibility and is not shared with other entities.

2026-2027 FEDERAL INCOME GUIDELINES FOR SFMNP PARTICIPATION (185% FPL)		
# of people in household	Maximum ANNUAL income	Maximum MONTHLY income
1	\$29,526	\$2,461
2	\$40,034	\$3,337
3	\$50,542	\$4,212
4	\$61,050	\$5088
5	\$71,558	\$5,964
For each additional person in the household, add \$10,508 to the ANNUAL income total (\$876 monthly)		

HOUSEHOLD INCOME:

Indicate source and amount of current (last month's) income before deductions, such as taxes and Social Security.

If last month's income is not representative, please project your annual income. "Other" income includes income from trusts, contributions from relatives, etc. SNAP (Food stamps) does not count as income.

	Amount	How Often Received
Social Security		
Disability Benefits		
Pension/Retirement		
Employment		
Self-Employment		
Other (Specify)		
Total Household Income		

If for any reason you cannot personally get to the market, you can appoint a proxy to shop for you.

I hereby authorize the following individual to act as my proxy for all SFMNP activities:

NAME OF PROXY _____ **RELATIONSHIP** _____

Signature _____ **Date** _____

Participant Certification

I have been advised of my rights and obligations under the SFMNP, as outlined on page 3. 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 (including gender identity and sexual orientation). I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP. You have a right to a fair hearing. Call 1-800-332-2272 for help.

SIGNATURE _____ **DATE** _____

COUPONS CAN ONLY BE USED JUNE 1 – OCT 31, 2026

I HAVE RECEIVED NUTRITION EDUCATION MATERIALS (CIRCLE ONE): YES NO

(If coupons are unavailable when you apply, you will be placed on a waiting list. If more coupons become available, they will be issued based on date of application.)

(Revised 4/21/2026)

This Box for Distribution Agency Only

IF INELIGIBLE FOR SFMNP, STATE REASON Under 60 years of age Over income

*Other _____

*The applicant has been provided with information about appealing the determination

SENIOR FARMERS' MARKET PROGRAM GUIDELINES

(THIS HANDOUT IS PROVIDED TO THE APPLICANT)

The Senior Farmers' Market Nutrition Program (SFMNP) is funded through a grant from the US Department of Agriculture (USDA). It allows senior citizens to purchase fresh locally grown vegetables, fruits and herbs



- Your coupons can only be used at vendors displaying the Farmers' Market signs with the logo pictured at the right.
- Coupons are good **only** for the Farmers' Market in the county they are issued. Do not redeem them at markets outside your county. **NOTE: Coupons will expire October 31, 2026**
- You cannot sign up and receive coupons at more than one market/program site. Dual participation is illegal and in violation of 249.6(d)(1)
- You can buy up to \$4.00 worth of fresh fruits, vegetables, herbs, and pure honey with each coupon. **USDA regulations prohibit the use of coupons for anything other than in state fruits, vegetables, herbs, and pure honey. See reverse side for list.**
- No change can be given if your purchase is less than \$4.00.
- Coupons cannot be used at grocery stores, only at your local summer farmer's market or approved farm stands (designated by SFMNP poster displayed)
- You can supplement your purchases with your own cash if you wish.
- Lost or stolen coupons cannot be replaced.
- You can designate another person (a proxy) to buy food for you at the time of application and by writing the proxy's name on the front of your coupon book.
- Coupon book covers cannot be redeemed for food, only the 6 numbered coupons.
- Participants cannot share SFMNP food with non-participants.
- If you have any questions, problems or other complaints about this Program, contact the State Aging Office toll free at 1-800-332-2272 or Farm Connect Montana (Program Administrators) at (406)926-1625
- If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.

USDA NONDISCRIMINATION STATEMENT

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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.

This institution is an equal opportunity provider.

**(This handout is provided to the applicant)
LIST OF ELIGIBLE FOODS FOR
FARMERS' MARKET NUTRITION PROGRAMS**

FRESH VEGETABLES (In state grown only)		
Asparagus	Artichokes	Beans, green, long or waxed
Beets	Broccoli	Brussels Sprouts
Cabbage	Carrots	Cauliflower
Celery	Chinese Cabbage	Collard Greens
Corn	Cucumbers	Eggplant
Kale	Kohlrabi	Leeks
Lettuce/Tender Greens	Mushrooms	Mustard Greens
Okra	Onions	Parsnips
Peas	Peppers	Potatoes
Pumpkins	Radishes/Horseradishes	Rhubarb
Rutabagas	Spinach	Squash
Sweet potatoes	Swiss Chard	Tomatoes/Tomatillos
Turnips/Turnip Greens	Watercress	Zucchini

FRESH FRUITS (only fruits produced in MT are eligible for coupon exchange)		
Apples	*Apricots (in state only)	Blackberries
Blueberries	Cantaloupe	Casaba Melons
Cherries	Chokecherries	Currants
Gooseberries	Grapes	Honey Dew Melons
Huckleberries	*Nectarines (in state only)	*Peaches (in state only)
*Pears (in state only)	Plums	Raspberries
Strawberries	Watermelons	

FRESH HERBS				
Cut fresh herbs only, no chopped, processed, packaged herbs				
Basil	Chives	Cilantro	Dill	Fennel
Garlic	Marjoram	Oregano	Parsley	Peppermint
Rosemary	Savory	Sage	Shallots	Spearmint
Tarragon	Thyme			

PURE HONEY PRODUCED IN MONTANA

ITEMS THAT CANNOT BE PURCHASED WITH

USDA only allows fresh produce to be purchased through this grant. Processed produce, non-produce, or non-foods items are prohibited, including but not limited to:

Baked Goods	Cheese	Crafts
Dried fruit	Eggs	Flavored/spun honey
Jams / Jellies	Juices	Meat / Chicken / Fish / Seafood
Nuts / Seeds	Plants (Flowers, Herb, Vegetable)	

ANY ITEM NOT PRODUCED IN MONTANA