



## 2018 SFMNP Participant Eligibility Requirements:

I certify that I have not already received a 2018 SFMNP Check Booklet for the season.

I certify that I am at least 60 years of age or older.

I certify that my household annual income does not exceed 185% of poverty level.

*(See chart below)*

### EFFECTIVE January 1, 2018 – June 30, 2018

MAXIMUM HOUSEHOLD INCOME ELIGIBILITY GUIDELINES					
# of Persons in Household	Annual Income	Monthly Wage	Twice-Monthly Wage	Bi-Weekly Wage	Weekly Wage
1	\$22,459	\$1,871	\$936	\$684	\$432
2	\$30,451	\$2,537	\$1,269	\$1,172	\$586
3	\$38,443	\$3,204	\$1,602	\$1,479	\$739
4	\$46,435	\$3,870	\$1,874	\$1,935	\$893
Each additional person add \$4,733					

Income Eligibility Guidelines can be found online at <https://www.fns.usda.gov/sfmnp/sfmnp-income-guidelines>

#### Non-Discrimination Statement:

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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:

mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410. fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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