



2023 MAINE SENIOR FARMSHARE AGREEMENT

THIS COMPLETED FORM DEMONSTRATES THAT THE FARMER WILL PROVIDE THE ELIGIBLE PARTICIPANT WITH \$50 WORTH OF ELIGIBLE VEGETABLES, FRUITS, FRESH-CUT HERBS, AND HONEY ACCORDING TO THE BELOW TERMS.

FARMER INFORMATION

FARM NAME	MSFP CONTACT PERSON & PHONE NUMBER
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MAILING ADDRESS (STREET/CITY/ZIP)

WHO SELECTS PRODUCE?

<input type="checkbox"/> PARTICIPANT	<input type="checkbox"/> FARMER	<input type="checkbox"/> BOTH
Participant will shop and charge against their credit at the designated site.	Farmer provides participant with assorted produce 4+ times over 8+ weeks.	Participant and farmer may both be involved in selection of assorted produce.

DELIVERY DETAILS, IF APPLICABLE

WHERE	<input type="checkbox"/> HOME	<input type="checkbox"/> OTHER (_____)	WHEN	DAYS (I.E., W):	TIMES (I.E., 4PM):
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PARTICIPANT USDA RACIAL & ETHNIC DATA COLLECTION (OPTIONAL)

PLEASE ENTER ALL RACIAL CODES (LIST AT BOTTOM) THAT APPLY TO YOU:	
PLEASE CHECK ONE:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino

PARTICIPANT CERTIFICATION: CHECK EACH BOX TO CERTIFY THAT YOU MEET ELIGIBILITY GUIDELINES

<input type="checkbox"/>	I am a Maine resident. (Citizenship is not required.)
<input type="checkbox"/>	I am 60 years or older; 55 or older if Native American; or am a disabled adult living in senior housing with resident meal services.

INCOME CERTIFICATION: CHECK THE BOX OF ANY PROGRAM YOU PARTICIPATE IN. IF NONE, YOU MAY BE ELIGIBLE IF YOUR ANNUAL GROSS HOUSEHOLD INCOME FALLS AT OR BELOW THE LIMITS LISTED BELOW.

<input type="checkbox"/>	SNAP	<input type="checkbox"/>	CSFP	<input type="checkbox"/>	WIC and/or WIC FMNP	<input type="checkbox"/>	FDPIR
<input type="checkbox"/>	My annual household gross income is at or below the amount listed beside my household size (in bold). 1: \$26,973 2: \$36,482 3: \$45,991 4: \$55,500 5: \$65,009 6: \$74,518						

PARTICIPANT NAME	EMAIL (USED ONLY FOR MSFP COMMUNICATION)
STREET ADDRESS/APARTMENT	HOME PHONE
NAME OF HOUSING FACILITY (IF APPLICABLE)	CELL PHONE
CITY/STATE/ZIP	BIRTH DATE

By signing this agreement, I certify that I meet all eligibility requirements and understand all Participant Rights & Responsibilities.	
PARTICIPANT SIGNATURE	DATE

- (1) White: A person having origins in any of the original peoples of Europe, Middle East, or North Africa
- (2) Black or African American: A person having origins in any of the Black racial groups of Africa
- (3) Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- (4) American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
- (5) Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Only sign this agreement form once you have read MSFP Participant Rights and Responsibilities.
This institution is an equal opportunity provider.