



2025 MAINE SENIOR FARM SHARE 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 or MARKET INFORMATION

FARM OR MARKET NAME

MSFP CONTACT PERSON & PHONE NUMBER

MAILING ADDRESS (STREET/CITY/ZIP)

WHO SELECTS PRODUCE?

PARTICIPANT

FARMER

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 HOME OTHER () WHEN DAYS (I.E., W): TIMES (I.E., 4PM):

PARTICIPANT USDA RACIAL & ETHNIC DATA COLLECTION (OPTIONAL)

PLEASE ENTER ALL RACIAL CODES (LIST AT BOTTOM) THAT APPLY TO YOU:

PLEASE CHECK ONE:

Hispanic or Latino

Non-Hispanic or Latino

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

I am a Maine resident. (Citizenship is not required.)

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.

SNAP CSFP WIC and/or WIC FMNP FDPIR

My annual household gross income is at or below the amount listed beside my household size (in bold).
1: \$27,861 2: \$37,814 3: \$47,767 4: \$57,720 5: \$67,673 6: \$77,626

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.

Non-Discrimination 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, gender identity (including gender expression), sexual orientation, 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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-program-discrimination-complaint> 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.

USDA is an equal opportunity provider, employer, and lender.