



## MAINE SENIOR FARM SHARE PROGRAM PARTICIPANT RIGHTS AND RESPONSIBILITIES

**MY SIGNATURE ON THE 2025 MAINE SENIOR FARM SHARE AGREEMENT INDICATES THAT I HAVE BEEN ADVISED OF MY RIGHTS AND OBLIGATIONS UNDER THE SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP), ALSO KNOWN AS MAINE SENIOR FARM SHARE PROGRAM (MSFP, DESCRIBED HEREIN.**

### **PARTICIPANT ELIGIBILITY**

- I certify that the information I have provided for my eligibility determination is correct.
- I understand that program officials may verify the information on this form because it is in connection with receiving federal assistance.
- I understand that intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts may result in paying the Maine Senior FarmShare Program, 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.

### **FARM SHARE DETAILS**

- I can only sign up with one farmer or the Maine Federation of Farmers Markets once per year.
- I do not live in the same household as the farmer/market vendor nor am I an immediate family member.
- I am obligated to fulfill my share at this farm unless extenuating circumstances occur.
- If I do not fulfill my share the farmer or the Maine Federation of Farmers Markets' must return unspent funds to the state.
- If the farmer and I determine by August 31 that I will not be able to use my full share by the end of the season, my unused balance may be redistributed to other eligible people.
- If I do not redeem all \$50 worth of produce by the date mutually agreed upon, the farmer may or may not deliver the remaining FarmShare balance of produce to me.
- If I am unable to perform these actions for myself, I can designate a person (Proxy) to act on my behalf by completing a Designation of Proxy Form. This form is available from the farmer and can be completed during any part of the program season.

### **NON-DISCRIMINATION, COMPLAINTS, AND APPEALS**

- MSFP is prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights. If I feel my rights have been violated, I may file a complaint of discrimination.
- I understand if I have a complaint against the farmer's practices, I can file a complaint by mail with the Maine Department of Agriculture, Conservation and Forestry (DACF), Maine Senior FarmShare Program (MSFP), 28 State House Station, Augusta, ME 04333-0028, or by phone at (207) 446-5550 or by fax (207) 287-7548.
- I understand that I may appeal any decision made by the Maine Senior FarmShare Program regarding my eligibility for the Senior Farmers' Market Nutrition Program. I have 30 days from the date the agency mails or otherwise issues the notice of adverse action to request an appeal. Call the MSFP Program Manager at (207) 446-5550 with questions.

*This institution is an equal opportunity provider.*

## RACE AND ETHNICITY DATA FOR USDA RECORDS

The information requested on the Senior Agreement Form is being compiled by the Maine Senior FarmShare Program to comply with Federal recordkeeping regulations. You are not required to furnish this information, but your cooperation is encouraged.

## ADDITIONAL RESOURCES AND OPPORTUNITIES

People that qualify for the Maine Senior FarmShare Program may also qualify for other benefits. Contact your local Area Agency on Aging by calling **1-877-ELDERS-1** (1-877-353-3771) regarding these opportunities or do a self-assessment test online: [benefitscheckup.org](http://benefitscheckup.org).

These programs may include:

Supplemental Security Income (SSI)	MaineCare
Supplemental Nutrition Assistance Program (SNAP)	Maine Rx Plus
Maine Harvest Bucks & Farm Fresh Rewards	Low-Cost Drug Program
Home Energy Assistance Program (HEAP)	Medicare Savings Program

## OTHER STATE RESOURCES

- Department of Health & Human Services Office of Aging & Disability Services (OADS)
  - [maine.gov/dhhs/oads/](http://maine.gov/dhhs/oads/)
- The Emergency Food Assistance Program (TEFAP)
  - [maine.gov/dacf/ard/tefap/index.shtml](http://maine.gov/dacf/ard/tefap/index.shtml)

## USDA NON-DISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete Form AD-3027, [USDA Program Discrimination Complaint Form](#) which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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:**  
(833)256-1665 or (202) 690-7442; or
- (3) **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)