

IV. Certification

A. Targeting Benefits

1. Describe the State agency's plans to target areas with high concentrations of eligible persons and access to farmers' markets, roadside stands and/or CSA programs within the broadest possible geographic area. For example, will the State agency concentrate on serving only a few areas where there are large numbers of potential participants who have access to farmers' markets, roadside stands and/or CSA programs, or will it provide State/ITO-wide coverage?

VDA targets AAAs that have high concentrations of eligible seniors who also have access to farmers markets and roadside stands in their areas. State-wide coverage is not possible with the current level of funding.

- a. Provide a detailed description of the service area(s), including the number (and location, if available) of participating markets/roadside stands/CSA programs and local agencies (such as Area Agencies on Aging, Senior Centers or CSFP distribution sites).

Agencies and Localities for Distribution:

Farmers, Markets, Roadside Stands:

Appalachian Virginia PSA 2

Appalachian Agency for Senior Citizens

Buchanan, Dickenson, Russell, and Tazewell Counties

Farmers 21

Markets 5 - Tazewell Farmers Market

Lebanon Farmers Market

Dante Farmers Market

Bluefield Farmers Market

St Paul's Farmers Market

Southwest Virginia PSA 3

District Three Senior Services

Counties: Bland, Carroll, Grayson, Smyth, Washington, Wythe

Cities: Bristol, Galax

Farmers 36

Markets 5 - Southwest Virginia Farmers Market, Hillsville, VA

Abingdon Farmers Market, Abingdon, VA

State Street Farmers Market, Bristol, VA/TN

Washington County Farm Market

Wytheville Farmers Market

Augusta County Virginia PSA 6

Valley Program for Aging Services

Augusta County

Cities: Staunton and Waynesboro

Farmers 16

Markets 3 - Staunton Farmers Market

Verona Farmers Market

Waynesboro Farmers Market

Northern Virginia PSA 8B

Arlington Agency on Aging
Arlington County

Farmers 14

Markets 3 – Arlington/Courthouse Farmers Market, Arlington, VA
Columbia Pike Farmers Market, Arlington, VA
Clarendon Farmers Market

Southside Virginia PSA 12
Southern Area Agency on Aging
Counties: Franklin, Henry, and Patrick
Cities: Danville, Martinsville

Farmers 31, 2 are Roadside Stands
Markets 3 - Danville Farmers Market, Danville, VA
Martinsville Farmers Market, Martinsville, VA
Rocky Mount Farmers Market, Rocky Mount, VA

Lake Country Area Agency on Aging PSA 13
Halifax County

Farmers 16
Markets 1 - Downtown South Boston Farmers Market, South Boston, VA

Crater District Area Agency on Aging PSA 19
Greensville County
Emporia City

Farmers 1
Markets 1 – Emporia Farmers Market, Emporia, VA

Southeastern PSA 20
Senior Services of Southeastern Virginia
Counties: Isle of Wight, Southampton
Cities: Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk, Virginia Beach

Farmers 22
Markets 7 - Five-Points Community Farm Market, Norfolk, VA
Southeast VA Farmers Market, Courtland, VA
Old Towne Curb Market, Smithfield, VA
Windsor Market
Armory, Franklin, VA
Chesapeake Farmer’s Market, Chesapeake, VA
Virginia Beach Farmer’s Market, Virginia Beach, VA

Eastern Shore PSA 22
Eastern Shore Area Agency on Aging
Counties: Accomack, Northampton

Farmers 26
Roadside Stands 12

Attachment E-1 Map of SFMNP Service Area
Attachment E-2 Master Farmer Location List

b. Estimated number of SFMNP participants per local agency:

Local Provider: # of Participants:

<u>Southwest Virginia PSA 2</u>	<u>500</u>
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Appalachian Agency for Senior Citizens 216 College Ridge Rd, Wardell Industrial Park P.O. Box 765 Cedar Bluff, VA 24609-0765	
Southwest Virginia PSA 3 District Three Senior Services 4453 Lee Highway Marion, VA 24354 4269	5700
Central Virginia PSA 6 Valley Program for Aging Services 325 Pine Avenue P.O. Box 817 Waynesboro, VA 22980 0603	300
Northern Virginia PSA 8B Arlington Agency on Aging c/o Department of Human Services 3033 Wilson Blvd, Suite 700B Arlington, VA 22201-3843	920
South Central PSA 12 Southern Area Agency on Aging 204 Cleveland Avenue Martinsville, VA 24112 2020	2100
Lake Country Area Agency on Aging PSA 13 1105 West Danville Street South Hill, VA 23970-3501	300
Crater District Area Agency on Aging 23 Seyler Drive Petersburg, VA 23805-9243	300
Southeastern PSA 20 Senior Services of Southeastern Virginia Interstate Corporate Center, Bldg 5 6350 Center Drive, Suite 101 Norfolk, VA 23502 4101	1400
Eastern Shore PSA 22 Eastern Shore Area Agency on Aging 5432-A Bayside Road Exmore, VA 23350	1350

2. a. When all available program benefits have been allocated to eligible participants, will the local agency be required to maintain a waiting list of new applicants likely to be served?

Yes No

b. To enable the local agency to contact applicants on a waiting list when additional benefits become available, will the waiting list include the name of the applicant, date placed on

waiting list, and address or telephone number of the applicant?

Yes No

3. In States where the WIC Farmers' Market Nutrition Program (FMNP) also operates, are the SFMNP service areas the same as the FMNP service areas, or closely overlapping, so that the same farmers' markets and roadside stands may serve both SFMNP and FMNP participants? If No, please explain.

Yes No There currently is no FMNP operating in VA. When FMNP was operating a few years ago, with the exception of the Eastern Shore and Northern VA markets, the areas were different, with SFMNP covering a much bigger area.

B. Application Process

1. The State agency requires all local agencies to use a standardized application process for all persons applying for the SFMNP.

Yes No

2. The State agency shares _____ State-wide or X at local agency option (check one), a common application or certification form with (check all that apply):

- No other benefit programs
- Commodity Supplemental Food Program (CSFP)
- Food Distribution Program on Indian Reservations (FDPIR)
- Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp Program)
- Aging Services
- Supplemental Security Income (SSI)
- Reduced price health care program(s)
- Other (specify): _____

3. a. Applicants for SFMNP must be notified of eligibility, ineligibility, or placement on a waiting list (if they are likely to be served) within 15 days from the date of application.

Yes No

(Attach the State agency's standardized format for this, if applicable.)

- b. How does the State agency define "reasonable expectations that additional funds may become available" in order to determine whether to maintain a waiting list?

If expansion funds have been requested, we have a reasonable expectation that additional funds may become available. If we know we will not be receiving any more expansion funds, we won't require a waiting list. However, due to the timing of notification of award of expansion funds compared to when applications are accepted, some AAAs maintain a waiting list. Occasionally there are benefits returned for various reasons and if the AAA has a waiting list, those checks may be redistributed to the next person on the waiting list.

4. The 15 day period begins when the applicant (check all that apply):

- telephones the local agency to request benefits
- visits the local agency in person
- makes a written request for benefits
- makes an appointment

5. Each participant or authorized representative is informed on how to use farmers' market coupons or his/her CSA SFMNP benefits, and on the availability of other services, as set forth in Section 249.6(d)(3) of the SFMNP regulations.

Yes No

6. The State agency has procedures to ensure that participants are certified only for the current fiscal year's SFMNP period of operation.

Yes No

7. May a participant designate another person as an authorized representative/proxy to do the following if the participant is unable to (check all that apply):

apply for certification?

shop at farmers' markets and/or roadside stands?

pick up eligible foods from CSA program distribution sites?

8. Does the State Agency limit the number of proxies that one individual can have (e.g. one person is the proxy for 5 participants)?

Yes No If yes, how many? _____

9. If the State agency permits authorized representatives/proxies, are signed statements from the participant required for this purpose per Section 249.6(f) of the SFMNP regulations?

Yes No

Attach a copy of the State agency's written procedures regarding the designation of authorized representatives/proxies for the SFMNP, if available.

10. Certification for SFMNP is performed at no cost to the applicant or authorized representative.

Yes No

11. Attach a copy of the FY 2010 Certification or Application form that will be used for the SFMNP.

Attachment 3 Sample Application Form

C. Categorical and Residency Eligibility

1. Will only individuals who meet the basic regulatory definition of “senior” (i.e., 60 or older) in an SFMNP service delivery area be provided SFMNP benefits, or will the State agency also serve special categories of participants?

	(Excluding Expansion)	(Including Expansion)
Seniors \geq 60 years of age	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Special categories/groups: (check all that apply):		
Higher minimum age (e.g., 62, 65 – specify in space provided) _____	<input type="checkbox"/>	<input type="checkbox"/>
Native Americans (\geq 55 years old)	<input type="checkbox"/>	<input type="checkbox"/>
Disabled* (*residing in predominantly-elderly housing where congregate nutrition services are provided)	<input type="checkbox"/>	<input type="checkbox"/>
Lower income level	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. For the residency requirement, the State agency uses:

_____State/ITO residency

X local agency service area residency

D. Income Eligibility

1. For income eligibility, the State agency uses (check all that apply):

_____ maximum gross household income of 185% of annual poverty income guidelines

maximum gross household income of 150% (less than 185%) of annual poverty income guidelines

_____ participation in CSFP

_____ participation in SNAP (formerly FSP)

_____ participation in FDPIR

_____ participation in SSI

_____ member of a family/economic unit participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), or on a waiting list for WIC

_____ member of a family/economic unit participating in FMNP

_____ participation in another means-tested program for which income eligibility is set at or below 185% of the poverty income guidelines (please specify): _____

2. For the normal income eligibility screening process and determination of household size, the household is defined by the State agency as a group of related or nonrelated individuals who are living together as one economic unit.

Yes No

3. For documentation of income eligibility, the State agency accepts (check all that apply):

signed statement of applicant (if so, attach copy in Attachments section)

The statement is part of the participant application – Attachment 3 Sample Application Form

notice of eligibility or its equivalent for participation in or certification for other programs

pay stub or other statement of earnings

W-2, tax return, or other tax forms

other: _____

4. The State agency requires _____ State-wide, or at local agency option (check one), the verification of applicant income information.

No

- Yes (check all sources required, as appropriate):
- employer
 - public assistance offices
 - State employment offices (wage match, unemployment)
 - Social Security Administration
 - school districts/offices
 - collateral contacts
 - other (specify) _____

E. Participant Rights and Responsibilities

1. If found ineligible, applicants for SFMNP benefits must be notified in writing of the reason(s) for ineligibility and their right to a fair hearing.

Yes No (Attach the standardized format for this, if any.)

Attachment 4 Sample Ineligibility Form

2. Each participant or authorized representative is informed during the certification process of his/her rights and responsibilities as set forth in Section 249.6(d)(1)(2) of the SFMNP regulations, and this information is provided in a language other than English where a significant number or proportion of the eligible population needs this information in a language other than English.

Yes No

F. Participant and Applicant Confidentiality

1. Does the State agency share information obtained from applicants and/or participants for SFMNP with any other programs, agencies, law enforcement officials, or any other organizations or persons?

Yes No

(If “Yes,” explain below or attach documentation such as information-sharing agreements, statements of policies and procedures, legal citations, etc.)

2. Per Section 249.24 of the SFMNP regulations, the State agency restricts the use or disclosure of information obtained from applicants/participants to:

a. Persons directly connected with the administration or enforcement of SFMNP, including investigation and prosecution of SFMNP violations by any public authority;

Yes No

b. Representatives of public organizations under written agreements for eligibility/outreach

purposes regarding other programs, without third party access or disclosure;

Yes No

c. The Comptroller General of the United States, General Accounting Office (GAO).

Yes No

3. Does the State agency permit an applicant and/or participant access to the information which the applicant and/or participant has provided to the program?

Yes No

4. Does the State agency permit an applicant or participant, upon his/her unsolicited request, to sign a release or similar document allowing the information provided by the applicant and/or participant to be shared with other organizations or persons?

Yes No

5. Does the State agency prohibit local agencies from requiring the applicant or participant to sign a written consent or release form or similar document to share confidential information with another entity or organization during the SFMNP eligibility determination process, e.g., by completing and separating the certification screening process from the request for a release to be signed?

Yes No (if signing a release is a condition of eligibility, please explain)

G. Dual Participation

The State agency has policies and procedures in place to prevent and detect dual participation (in more than one service delivery area at the same time) by SFMNP participants. Please describe

Yes (please describe)

Several local agencies enter participant information into a spreadsheet or database and review for duplication. Most agencies provide information to applicants and participants informing them that this practice is unlawful.

No (if no, please explain why not) _____

H. Nondiscrimination

State agencies are required to comply with all applicable and pertinent laws and regulations regarding the assurance of nondiscrimination on the basis of race, color, national origin, age, sex, or disability. Describe the State agency's system or procedures for:

1. Racial/ethnic participation data collection;

- a. If the State agency is relying on racial/ethnic data that has already been collected through the participant's participation in another program by which s/he is deemed automatically income eligible to participate in the SFMNP (e.g., SNAP(FSP), CSFP, SSI, etc.), identify the program as well as the agency that administers that program, if different from the SFMNP State agency:

The sample SFMNP application form collects racial/ethnic data. This data is also required for other aging services programs in which some participants are involved.

- b. If the State agency will be collecting the racial/ethnic data from SFMNP participants, a copy of the form that will be used to collect and record such data should be attached.

The sample SFMNP application form collects racial/ethnic data. Attachment 3 Sample Application Form

- c. Describe the State agency's procedure(s) for providing the racial/ethnic data collected on all SFMNP participants in the event that such data is requested by FNS.

The sample SFMNP application form which collects racial/ethnic data will then be required.

2. Public notification of the nondiscrimination policy;

Applications and other forms used in the SFMNP program contain the following statement: "In accordance with federal law and U. S. Department of Agriculture policy, this program is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability".

3. Annual reviews of local agencies/clinics to assure nondiscrimination against any of the protected classes listed above.

The local agency monitoring tool includes this item. Forms and policies are reviewed to assure compliance.

Attachment P Local Agency Monitoring Tool

4. Per Section 249.7 of the SFMNP regulations, the State agency ensures that no person will be denied benefits, or otherwise discriminated against on the grounds of race, color, national origin, age, sex, or disability.

Yes No

5. Per Section 249.7 of the SFMNP regulations, the State agency (check all that apply):

notifies the public, participants, and potential participants of the nondiscrimination policy.

notifies participants and potential participants of complaint procedures regarding alleged unlawful discrimination? (See **Section VIII** below regarding the complaint

process.)

reviews and monitors program activities to ensure compliance with nondiscrimination policies and procedures.