

# State of CT Dept. of Agriculture Farm Market Card Application

Please complete this application and return it to the office at The Winsted Senior Center 80 Holabird Avenue, Winsted or call 860-379-4252 x1 for more info. We will notify you when your card is ready to pick up.

Please complete

Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_  
Street City Zip

Are you age 60 or older?  Yes  No  
Are you disabled individual, under age 60 and living a housing facility ?  Yes  No  
Do you receive State of CT financial assistance?  Yes  No  
Is your income for 2026 less than \$2,473/month or \$29,526/year for single, or less than \$3,337/month or \$40,034/year for married? Couple?  Yes  No

**Guidelines**

1. The Farm Market Card may be used to purchase CT Grown fruits, vegetables, eggs, fresh cut herbs (not plants) and honey only from a certified Dept. of Agriculture farm markets. The list of local markets is available at the Winsted Senior Center .
2. The Card will preloaded with \$40. No change will be provided at your purchase and the Card cannot be exchanged for cash.
3. The program runs until November 30, 2026, when your card balance will be cleared.
4. PLEASE do not throw your card away, it can be reloaded for next year or returned to WSC

**One card per person.**

**It is illegal to obtain a SFMNP Framer’s Market Card from multiple locations.**

I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, 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. Standards for eligibility and participation in the SFMNP are the same for everyone regardless of race, color, national origin, sex (including sexual orientation and gender identity), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

**One application per qualified individual in a household. An application must be completed and submitted each year.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Questions, call 860-379-4252 x1**

For Office Use  
PAN (16 digit number on card)

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