

Senior

Project FRESH

Market Fresh Food

LEAD AGENCY GUIDEBOOK
Updated Spring 2024

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LEAD AGENCY RESPONSIBILITIES

Lead Agencies act as the distribution site for the Senior Project Fresh coupons. Responsibilities include:

Market The Program to all adults aged 60 and over and to those aged 55 and over who belong to a Michigan federally recognized tribe or urban tribal group. You may market the program through the media, flyers, word of mouth or whatever method works best for you. You may also work with a group of older adults that already participate in a federal food assistance program such as SNAP or CSFP.

Determine Eligibility

Eligibility Requirements:

- Must be 60 years of age or older at the time of receiving coupons OR aged 55 and older and a member of a Michigan federally recognized tribe or urban tribal group.
- Must live in the county in which the coupons are obtained*.
- Must have a total household income of 185% of poverty or less.

Persons under the age of 60 are not eligible for Senior Project Fresh coupons unless they are part of a Michigan federally recognized tribal group.

Lead Agencies are not required to means-test or to ask for verification of income. Lead Agencies may show the applicant the most recent USDA Poverty Guidelines (Appendix A) and ask the applicant if they fall within the 185% of poverty guidelines. If the applicant does, they then sign the income attestation statement on the application, or if working with a Lead Agency staff person using the on-line program, verbally verify to the Lead Agency staff that they are within the guidelines. Follow-up to obtain an electronic signature to verify income is required. Electronic signatures may be texted, emailed, or submitted via other means of electronic signature. This signature must be obtained by the Lead Agency before coupons can be distributed. The Lead Agency must keep a copy of this signature on file for a period of 3 years.

The Lead Agency staff person may ask to see an ID or other documentation to verify the applicant's age and county of residence. Lead Agencies must allow anyone who meets the eligibility criteria to apply for coupons. Agencies may create a waiting list if necessary. Waiting lists do not carry over between program years.

**Arrangements can be made for participants that live closer to a distribution site in another county. Please call the State Coordinator for more information.*

Application Process

Once eligibility is determined, the Lead Agency must collect information on each participant. Lead Agencies may use paper applications, but they will be required to enter this data into the database no later than October 15th.

Paper Application:

Applications (Appendix B) may be mailed, completed by phone, or filled out in person. Each applicant must complete an application. Do not put two applicants' information on the same form. Instruct the applicant to answer as many questions as possible. Most of the information is required by the USDA. The USDA uses the data to determine if the program will continue in future years, so failure to complete the entire application may result in the program being discontinued. Staff should assist applicants with reviewing the Income Guideline Sheet to determine if they qualify. If the applicant is present, they should sign, initial, or make their mark on the application, verifying that they qualify. An electronic signature via text, email, or other electronic signature means is acceptable.

Coupons should not be given out without the applicant's or their proxy(ies) signature on file. Coupon registers have been discontinued. Staff must record the coupon range (example: 1001-1005) in the shaded box at the top of the application/Affidavit of Eligibility. This information must also be transferred to the online database.

Agencies may also have applicants fill out the paper application and later transfer their information into the online database.

Web-based Application:

Usernames and Passwords

Lead Agency staff may use the AIS web-based application when working with an applicant. A secure and unique username and password are required for each staff person that accesses the AIS database. For each individual user, an AIS User Profile Form (Page 27) must be completed and emailed to Suzie Genyk at genyks1@michigan.gov in order to activate user access. A new username and password will be emailed to each user. This username and password will remain active until deactivated.

When there is staff turnover, please complete another AIS User Profile Form within 24 hours and email the form to Suzie Genyk in order to deactivate the user access. You may also alert the State Coordinator of any staff changes.

The staff person will have the ability to search the previous year's database of participants and then update as needed or may add new participants. Online questions will be the same as the paper application. An electronic signature is required to verify income eligibility as described above. The Lead Agency is responsible for keeping electronic signatures on file for three (3) years.

IMPORTANT:

- Participants must be notified of eligibility or ineligibility within 15 days of their first attempt at applying for Senior Project Fresh (Appendix D).
- A written or electronic signature to attest to income is required.
- Coupons may not be distributed until a signature is obtained and kept on file by the Lead Agency.

COUPONS

Coupons and coupon holders will arrive in boxes. The coupons come five (5) to a sheet. Each sheet is 8.5 x 11. The coupon sheets are perforated so you can easily separate them as needed.

\$5 MDHHS Bureau of Aging, Community Living and Supports
Senior Farmers Market Nutrition Program 2024 **\$5**

This coupon can only be used at Farmers Markets and roadside stands displaying the sign "Senior Project Fresh Coupons Welcome Here".

Market Coordinator Number	Farmer Number	Signature of Participant/Proxy
001001		Coupon expires October 31, 2024.

MDHHS-5854 (Rev. 2-24) **Note to Market Coordinator: All submissions for reimbursement must be postmarked by November 15, 2024.**

\$5 MDHHS Bureau of Aging, Community Living and Supports
Senior Farmers Market Nutrition Program 2024 **\$5**

This coupon can only be used at Farmers Markets and roadside stands displaying the sign "Senior Project Fresh Coupons Welcome Here".

Market Coordinator Number	Farmer Number	Signature of Participant/Proxy
001002		Coupon expires October 31, 2024.

MDHHS-5854 (Rev. 2-24) **Note to Market Coordinator: All submissions for reimbursement must be postmarked by November 15, 2024.**

\$5 MDHHS Bureau of Aging, Community Living and Supports
Senior Farmers Market Nutrition Program 2024 **\$5**

This coupon can only be used at Farmers Markets and roadside stands displaying the sign "Senior Project Fresh Coupons Welcome Here".

Market Coordinator Number	Farmer Number	Signature of Participant/Proxy
001003		Coupon expires October 31, 2024.

MDHHS-5854 (Rev. 2-24) **Note to Market Coordinator: All submissions for reimbursement must be postmarked by November 15, 2024.**

Each coupon book contains five - \$5.00 coupons. You may fold the coupons together in a 5-pack, or you may separate them at their perforation. You may also staple them together inside the coupon holder. If stapling coupons, use one staple only, do not staple over the barcode or the coupon number.

TIP: Pre-assembly of the coupon books will save time at their distribution.

IMPORTANT:

- Coupons must be stored in a secure location until dispensed to the participant.
- Coupons may not be distributed after September 30th.
- If unused coupons remain after September 30th, report unused coupon numbers to the Statewide Coordinator at MDHHS-SeniorProjectFRESH@michigan.gov by October 15th.
- Unused coupons are not sent back to the Behavioral and Physical Health and Aging Services Administrations (BPHASA). The Lead Agency is responsible for shredding them.

MDHHS Bureau of Aging, Community Living and Supports
**Senior Project Fresh
 2024 Coupon Holder**

Issued to
Signature
Proxy Name
Proxy Signature
Proxy Name
Proxy Signature

MDHHS-5953 (Rev. 2-24)

Outside of Coupon Holder

How to Use Your Coupons

You may only use your coupons for Michigan-grown, unprocessed items such as fruits and vegetables. You can also buy herbs, spices, and honey.

You may **NOT** buy eggs, cheese, dairy products, bakery items, plants, cider, jams, jellies prepared, canned or dried foods, flowers or anything else that is not listed on your eligible items list.

Please do not ask the farmer or market to sell you items that are not eligible for purchase with your coupons.

You or your proxy must sign your coupons when you use them.

Farmers may not give you cash for your coupons or for change. You may use cash and coupons together for your purchase.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

This institution is an equal opportunity provider.

MDHHS-5953 (Rev. 2-24)

Inside of Coupon Holder

Coupon Holders

Coupon holders must be used for each set of five (5) coupons distributed. The holders contain a list of items that the participant can and cannot buy with their coupons. The coupon holder also lists the participant’s name, their proxy’s name (if applicable), along with their signature, initials, or mark. Have the participant sign, initial, or make their mark on the coupon holder in your presence. A staff person may print the name of the participant on the folder.

Designating A Proxy

A participant may designate up to two (2) proxies. A proxy may represent no more than six (6) participants. If the proxy is not present at the time of coupon distribution to sign the coupon holder, the staff person must print the proxy’s name and the participant should have them sign it when they can. A proxy form should also be completed at this time (Appendix E).

The coupon holders are scored in the middle to make them easier to fold. Remind the participant that they must take the coupon holder with them to the market or roadside stand. When the applicant makes a SPF eligible purchase, the farmer will compare the signature, initials, or mark on the coupon to that of the signature, initials, or mark on the coupon holder.

Coupon Registers

Coupon tracking is required by the USDA, and this will be met through the required use of the database. Because of this, we are no longer requiring the use of coupon registers. Coupon registers will no longer be provided. This reinforces the importance of recording the coupon range number on the participant application and entering this information into the database. When entering the participant data into the database, you will be required to check a box to verify that the participant or proxy received the coupon numbers recorded on their application.

Did You Know...

Michigan's agriculture industries represent a large portion of the state's workforce. Total employment within this sector is approximately 805,000 which accounts for about 17 percent of the state's employment.

Michigan produces over 300 commodities on a commercial basis which includes tart cherries, blueberries, dry beans, floriculture products and pickling cucumbers.

Purchasing Books/Coupons

Your agency/group may purchase additional coupons to distribute. Coupon books cost \$25.00. Additional books may be purchased until July 30, 2024, if remaining books are available. Additional coupons may be ordered through the Lead Agency database at: [https:// www.osapartner.net/leadagency](https://www.osapartner.net/leadagency). Payment must be received before coupons are mailed. The form required to be submitted with the payment will be available on the website. Local purchases may not exceed a combined federal and local total of **two books per person**.

NUTRITION EDUCATION

The USDA requires that all persons who apply for the Senior Project Fresh coupons be given nutrition education. States may choose how nutrition education is delivered. Michigan allows for written material, one-on-one classes, virtual classes, group classes or demonstrations/programs at the market to count as nutrition education. Many of the Lead Agencies work with other agencies that can help provide all or some of the nutrition education. These agencies include:

- Michigan State University Extension Offices
- Area Agencies on Aging
- Hospital and Health Systems

***If working with another agency to facilitate nutrition education, please check with the Statewide Coordinator to determine if a data sharing agreement is needed.*

Senior Project Fresh provides some nutrition education handout sheets that you are welcome to use. They can be found on the website: <http://www.michigan.gov/marketfresh>. Here are some other websites where you can find nutrition handout information.

- <https://www.choosemyplate.gov/>
- <http://www.eatright.org>
- <https://snaped.fns.usda.gov/nutrition-education/nutrition-education-materials>



Port Austin Farmer's Market

Michigan State University Extension Offices have a program called, “Discover Michigan Fresh Senior”. It is an at-the-market tour for older adults that helps them navigate the markets and learn about farm fresh foods. You may want to call your local MSUE office to find out if they can provide tours.

Other Handout Information

Each Lead Agency is encouraged to also distribute other information to their Senior Project Fresh participants. This may include, but is not limited to:

- a. List of eligible items for purchase with coupons
- b. List of participating markets and roadside stands
- c. Information on other services provided by the Lead Agency
- d. Information on the Area Agency on Aging that serves the area
- e. Information on other nutrition/wellness programs in the area

DATA

Overview

The USDA requires a minimal amount of data to be collected by the Lead Agency on each participant. The State also adds some questions for data analysis and program planning. It is important to have the applicants/participants fill out or give you correct information.

The USDA funds the program each year based on the population the program is reaching. If participant data is not available, i.e., the participant refuses to answer, the program is at risk for ending, so please do your best to collect the requested data.

Web-Based Data Collection

Requirements for web-based data collection is an Internet connection and a computer. Lead Agency staff will sign on to the program. A list of the previous year's participants may be available to choose from. There is a search feature available. Lead Agencies will only be able to see participants who received coupons from their county or program in the past. If you are entering names for the first time, you will only see who is in your program currently. If you have the past year's data available, search for a participant, bring up their record, make any necessary edits, and add the current year's information.

Available Reports

A statewide report will be available by request. It details coupon utilization information along with some demographic and market information.

CLOSEOUT

Please continue to issue coupons throughout the season or until they have all been distributed to participants. September 30th is the final day coupons may be distributed, as this is the end of the fiscal year. Please mark October 15th as the new due date to have close out procedures completed. We have moved this date up to facilitate more accurate data collection for the annual state plan report.

By October 15th:





- If you have coupons that were not distributed, email the coupon numbers to the Statewide Coordinator at MDHHS-SeniorProjectFRESH@michigan.gov so they can be taken out of the system for accurate redemption data.
- Shred and discard unused coupons. Do not return them to the BPHASA office.
- If paper applications were used, enter the data into the web-based application. Please plan with the Statewide Coordinator before the end of the season if training or technical assistance is needed to implement the database, and to ensure this process is in place at your agency.
- Store all program documents (applications, income attestation statements, electronic signatures, and proxy forms) at the Lead Agency site for a period of three (3) years.

COMMUNICATION

The Statewide Coordinator will send out several informational emails during the season. Please check these communications for updated information about the program. This email communication is available to anyone connected with the program, so please notify the Statewide Coordinator if you want someone added to the list.

Appendix C has contact information for the BPHASA staff that assist with Senior Project Fresh.

In 2023:

-  83 Counties Participated in SPF
-  88,262 Coupons Were Utilized
-  17,300 Seniors Participated
-  246 markets were registered in SPF



FREQUENTLY ASKED QUESTIONS FOR LEAD AGENCIES

Question: What do the farmers/markets do with the coupons after the participant uses them?

Answer: Markets/farmers send in the coupons to BPHASA for reimbursement. They are given the full \$5.00 per coupon, so no administration funds come off the top of their payment. Individual farmers can represent themselves, or they can be represented by a market coordinator, who represents many farmers.

Question: How do farmers sign up?

Answer: Farmers/markets/roadside stands can contact the BPHASA for more information (see Appendix E). They must register with BPHASA and the MDHHS Budget Office. They must also take part in an educational conference call with BPHASA. There is no charge for registration.

Question: If a group of farmers cannot find someone to be a Market Coordinator, can our agency serve this role?

Answer: We have allowed this in the past, but it is no longer permissible due to the need for separation of duties as required by the Federal government. Please reach out to us to help identify a potential Market Coordinator in your region.

Question: Can we give more than one coupon book per participant?

Answer: You should distribute one coupon book per person for the first federal allocation of books. If you do not have enough people interested in a coupon book to deplete your initial federal allocation, a second coupon book may be allocated to participants if there is no wait list and all registered participants have already received one coupon book. The USDA limit is \$50.00 worth of products for any federal books (free coupon books from BPHASA). If you purchase books with local funds, you will not be allowed to exceed a total of 2 books per person (1 Federal and 1 Local). This is a change from past years.

Question: What are 'carry forward' books?

Answer: If an agency purchases coupon books and does not have 100% redemption on those books, the remaining books carry forward into the next year. This practice ended in 2021. All Lead Agencies with leftover books from local funds received full refunds at the end of each season.

Question: Is a household limited to one coupon book?

Answer: No. If the total household income is at or below 185% of the federal poverty guidelines, then each adult in the household may receive a book.

Question: What is considered household income? Can they subtract medical bills?

Answer: No. We do not look at assets and liabilities. We are looking at how much money an applicant has for purchasing food and essential items each week/month/year. It is an honor system.

Question: If siblings, friends, or other relatives are living in the same household, but the total combined household income is higher than 185%, does that disqualify all of them?

Answer: No. Individuals living in the same household who file separate tax returns, and are not life partners, may each be considered as separate households.

Question: We have folks that live in one county but receive services in another county because they reside closer to that other county. Can they get coupons from us?

Answer: Yes. Contact the Statewide Coordinator if you have folks in this situation. You will be sent additional coupons so that you will still have allocated books for your county residents.

Question: Do persons under the age of 60 who have a disability qualify?

Answer: No. Only persons 60 and older, or 55 and older and a member of a Michigan Federally Recognized Tribe or Urban Tribal Group are eligible for the coupons.

Question: A coupon book was issued to an individual who passed away before using them. The family returned the books. How should I handle this?

Answer: Keep a record of deceased individuals and their coupon numbers. Email the SPF Statewide Coordinator the coupon book numbers and let them know if you would like a replacement book. Do not reissue the book or remaining coupons.

Question: A participant lost their coupons, or they went through the washer and are unusable. What should I do?

Answer: Keep a record of individuals with lost, destroyed, or stolen coupons. Document the coupon numbers affected. Email the SPF Statewide Coordinator the coupon numbers. You will receive a replacement book that you can issue to the participant. If you still have books remaining, you can issue one of yours and still get the replacement.

2024 US Department of Health and Human Services Poverty Guidelines

2024 Poverty Guidelines from HHS	<u>48 Contiguous States and D.C.</u>	<u>SCSEP Participants</u>	<u>Senior Food Commodities Program</u>	<u>Senior Project Fresh</u>	<u>FGP/SCP Volunteers</u>	A l a s k a	H a w a i i
Family Size	100 Percent Poverty	125 Percent Poverty	135 Percent Poverty	185 Percent Poverty	200 Percent Poverty	100 Percent Poverty	100 Percent Poverty
1	\$15,060	\$18,825	\$20,331	\$27,861	\$30,120	\$18,810	\$17,310
2	20,440	\$25,550	\$27,594	\$37,814	\$40,880	\$25,540	\$23,500
3	25,820	\$32,275	\$34,857	\$47,767	\$51,640	\$32,270	\$29,690
4	31,200	\$39,000	\$42,120	\$57,720	\$62,400	\$39,000	\$35,880
5	36,580	\$45,725	\$49,383	\$67,673	\$73,160	\$45,730	\$42,070
6	41,960	\$52,450	\$56,646	\$77,626	\$83,920	\$52,460	\$48,260
7	47,340	\$59,175	\$63,909	\$87,579	\$94,680	\$59,190	\$54,450
8	52,720	\$65,900	\$71,172	\$97,532	\$105,440	\$65,920	\$60,640
Each Additional Family Member	\$5,380	\$6,725	\$7,263	\$9,953	\$10,760	\$6,730	\$6,190

HHS website: <https://aspe.hhs.gov/poverty-guidelines>

MDHHS-5952, SENIOR FARMERS' MARKET NUTRITION PROGRAM APPLICATION

Michigan Senior Project Fresh
Michigan Department of Health and Human Services
(Revised 3-24)

TO BE COMPLETED BY AGENCY – COUPON ALLOCATION

Coupon Number Range	Date	Staff Initials
From To		

Coupon Number Range	Date	Staff Initials
From To		

Applicant eligible? If no, date denial sent to client
 Yes Given coupons Put on waitlist No

SECTION 1 – ENTER APPLICANT INFORMATION

County	Date of Application
--------	---------------------

First Name	Last Name
------------	-----------

Date of Birth 60 and older 55 and older and member of a Federally recognized Indian Tribe or Urban Tribal Group in Michigan

Sex
 Male Female Unknown

The collection of race and ethnicity is requested solely for the purpose of determining the State agency's compliance with Federal civil rights laws and ensures that the program is administered in a non-discriminatory manner.

Ethnicity Category
 Hispanic or Latino Not Hispanic or Latino

Race Category (select one or more)
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Unknown

Address	City	State	Zip Code
---------	------	-------	----------

Telephone Number	Number of household members
------------------	-----------------------------

Indicate if you participate in any of the following programs (select all that apply).
 SNAP benefits (Bridge Card) Food Bank TEFAP CSFP – Commodities
 Congregate meals Home delivered meals Other food assistance programs

To be eligible to receive **Senior Project Fresh** coupons, you must be at least 60 years of age, or at least 55 years of age and a member of a Federally recognized Indian Tribe or Urban Tribal Group in Michigan, meet the income guidelines which are based on 185% of the Federal Poverty Guidelines for 2024 during the current fiscal year and apply for coupons at the lead agency that represents your county of residence. Your signature indicates that you have seen, or have been given a copy of the current income guidelines which are as follows, not to exceed:

For 1 person: \$27,861 For 2 people: \$37,814

If you have additional family members, see the chart for the income eligibility.

SECTION 2 – CERTIFICATION BY PARTICIPANT

I have been advised of my rights and obligations for use of Senior Project Fresh coupons. I certify that that the information I have provided for my eligibility determination is correct, to the best of my knowledge. I am aware that I cannot receive farmers' market benefits from more than one state, more than one local agency or program model (check, coupon or CSA). This application is being submitted in connection with the receipt of Federal assistance (Senior Farmers' Market Nutrition Program known in Michigan as Senior Project Fresh). 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. I affirm and attest that, **at the time of application**, I am at least 60 years of age, or at least 55 years of age and a member of a Federally recognized Indian Tribe or Urban Tribal Group in Michigan, and I live in a county represented by a lead agency serving that county.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the Michigan Senior Project Fresh program. I certify I meet the household size and income guidelines provided by the state and that I am eligible to receive Michigan Senior Project Fresh benefits.

Signature of Participant (type or sign your signature to agree to terms above) Date

Signature of Staff/Volunteer (type or sign your signature to agree to terms above) Date

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

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 a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.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:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or

email: Program.Intake@usda.gov

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MDHHS-6011, SENIOR PROJECT FRESH PROXY REQUEST

Michigan Department of Health and Human Services
(Revised 4-23)

Program Year _____

A proxy is a person only authorized to receive and/or redeem Senior Project Fresh coupons issued through MDHHS' Behavioral and Physical Health and Aging Services Administration's Senior Project Fresh (SPF) program. A proxy should be at least 18 years of age and dependable for the duration of the program season. For the coupons to be issued to a proxy, the proxy must present identification as well as written approval from the SPF participant. Proxies must be named on the application and proxy form and sign the coupon book holder to receive coupons. Proxies have the same obligations to follow program guidelines when purchasing SPF's program-permissible fruits and vegetables from an authorized farmer.

Note: The participant may have no more than two (2) proxies. A proxy cannot represent more than six (6) participants.

I, _____ authorize the following individual(s) to act as my proxy.
Participant signature

Assigned proxies

1st proxy named (First Name and Last Name)	2nd proxy named (First Name and Last Name)
--	--

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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 a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.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:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or

email: Program.Intake@usda.gov

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STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

MDHHS-6013, INELIGIBILITY NOTIFICATION
Michigan Department of Health and Human Services
(New 4-24)

Date

Name

Address

City State Zip Code

Dear Client Name

Thank you for your application for Senior Project Fresh 2024. The program, which is funded through U.S. Department of Agriculture dollars, and may also be funded through local sources, requires the following criteria to be met to qualify for the program:

- Applicant must be 60 years of age or older at the time of application or 55 years of age and a member of a Michigan federally recognized tribe or urban tribal group at the time of application.
- The main residence of the applicant must be in the county of application.
- Total household income must not exceed 185% of the Federal Poverty Guidelines of 2024 (as indicated by your signature on the application form).

A review of your application shows that you have not met one or more of the above-mentioned criteria.

The following criteria were not met:

- Not 60 years of age or older at time of application or not 55 years of age and a member of a Michigan federally recognized tribe or urban tribal group.
- Not living in county of application.
- Total household income exceeds 185% of the Federal Poverty Guidelines of 2024.

You have the right to file a complaint if you feel you have been wrongly denied coupons. Please see the enclosed pamphlet to find out how to file a complaint.

If you have other questions or comments, please contact: **[ENTER YOUR CONTACT INFO HERE]**

Sincerely,

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

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 a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.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:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or

email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

AIS User Profile Instructions

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF AGING, COMMUNITY LIVING AND SUPPORTS
AGING INFORMATION SYSTEM (AIS) PARTNER CHANNEL
AIS User Profile Application

First name		Last name	
Agency/Program			
Address			
City		Zip	
E-mail		Telephone (include area code)	
Agency/Account Type <input type="checkbox"/> Area Agency <input type="checkbox"/> Other <input type="checkbox"/> Volunteer Program <input type="checkbox"/> ACLS		Security Profile <input type="checkbox"/> Add New User <input type="checkbox"/> Modify Existing Account <input type="checkbox"/> Deactivate <input type="checkbox"/> Existing/Current User	
AIS PROGRAM PROFILE			
AAA Assessment Guide Area Agency on Aging Assessment Guide <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE		AMPS Annual & Multi-Year Planning System <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE	
ADRC-IS Aging & Disability Resource Center Information System <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE		AAA Vendor User Administration <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE	
FIRST Financial Information Reporting System Technology <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE <input type="checkbox"/> Cash Request <input type="checkbox"/> FSR <input type="checkbox"/> FSP <input type="checkbox"/> MATF <input type="checkbox"/> MMAP <input type="checkbox"/> PREVNT <input type="checkbox"/> SCSEP <input type="checkbox"/> SGA <input type="checkbox"/> SLTCOP <input type="checkbox"/> OAA <input type="checkbox"/> EFOR <input type="checkbox"/> VEX		LSIS Legal Services Information System <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE	
Secure File Drop (with AIS access) <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE		Secure File Reporting (non-AIS access) <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE	
Staging <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE		User Verification Audit <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE	
VAFA Volunteer Annual Funding Agreement <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE		VIS Volunteer Information System <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE <input type="checkbox"/> RSVP <input type="checkbox"/> FGP <input type="checkbox"/> SCP	
VPAG Volunteer Program Assessment Guide <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE		AIS Private Document Library <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE	
Vendor User Administration <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE		Nutrition – Lead Agency <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE	
AAA Resource Request <input type="checkbox"/> ADD <input type="checkbox"/> INACTIVATE		Employee Security Agreement <small>I agree to comply with all AIS user policies and State of Michigan Department of Technology and Budget, Policy 1340.00. I have read and agree with the Bureau of Aging, Community Living and Supports, AIS User Profile Application, Channel Security Guide and Threat Intelligence. I agree to protect my user ID and password from unauthorized use. I understand that AIS activities done under my user ID and password will be recorded by the system as being done by me. I will hold myself responsible for any activities obtained in connection with my user ID and password of the AIS in the strictest confidence. I understand that I may be subject to civil and/or criminal penalties if I violate the confidentiality rights of persons recorded in the Aging Information System Partner Channels. I further agree to comply with the Security of Information Act (PSA 1979, No. 53).</small> Employee Signature: _____ Date: _____ <small>(Employee's supervisor, Security Officer, or authorized persons, e.g., director, deputy director, CEO, CFO, CIO)</small> Employee's Supervisor Signature: _____ Date: _____ ACLS Program Manager Signature: _____ Date: _____ ACLS AIS Security Administrator Signature/Program Manager Signature: _____ Date: _____	

ACLS-2023-AIS.v15-A

Please fill out the top section with your information. Please write the Agency/Program name that is on your MOA. If you're not sure, email genyks1@michigan.gov for the appropriate Agency Name.

For the rest of the form, check the following:

- Agency/Account Type: check "Other"
- Security Profile: Check "Add New User"
- AIS Program Profile: Check "Add" for Nutrition-Lead Agency (at the bottom of the right column)

Please send the completed form back to **Suzie** (genyks1@michigan.gov) with your signature and that of a supervisor.

Please ensure you are not locking the form as additional signatures are needed before submitting. Once your application has been received and approved, you will receive an email with your unique username and password. Please do not share this with anyone else.

Senior Project Fresh

Lead Agency Database Instructions

The on-line form is located at: <https://www.osapartner.net/leadagency/>

This program works with either Microsoft Explorer or Mozilla Firefox.
There are several differences that are explained in the instructions.


Lead Agency

Website: <https://www.osapartner.net/leadagency>

After completing the AIS User Profile Application and emailing it to Brenda Ross at rossb11@michigan.gov, your username and password will be emailed to you. Each individual user within the lead agency requires a unique, separate username and password.

Don't forget to enter the 'captcha' code.

Login



9 1 2 b 7 Refresh

Enter captcha code in the box below:

For Privacy statement, please click [here](#)

Please contact Brenda Ross via email ross11@michigan.gov if you have problems or questions regarding Lead Agency Database access

Welcome: Sunrise Side Senior Services

Session Time Remaining: 59:39

Program Period: 02/01/2017 -- 01/31/2018

Client Management

First Name	<input type="text"/>	Last Name	<input type="text"/>	DOB	<input type="text" value="MM/DD/YYYY"/>
Status	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Deceased	Program Period	<input checked="" type="checkbox"/> Current <input type="checkbox"/> Previous		

Advanced Search

First Name	Last Name	DOB	Gender	Address	Status	County/Program	No. of Books	Action
No record found.								

Search by **Name**: You can search by name by typing in the First Name, Last Name, or Date of Birth. If you want to search by another field (county, address, city, zip), select **Advanced Search**.

To pull up a list of all the former year participants in your program, leave the fields blank and select

Client Management

First Name	<input type="text"/>	Last Name	<input type="text" value="Piper"/>	DOB	<input type="text" value="MM/DD/YYYY"/>			
Status	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Deceased	Program Period	<input checked="" type="checkbox"/> Current <input checked="" type="checkbox"/> Previous					
Advanced Search								
Search Reset Add New Client								
Records Found: 1 Export grid as CSV Export current program period data as CSV								
First Name	Last Name	DOB	Gender	Address	Status	County/Program	No. of Books	Action
Edith	<input type="text"/>				Active	Mason2 (Ludington)		

If you type in a name and it is in the system, you will see this screen

You will need to 'assign' the client to the new program year. Select **Assign**.

A pop-up box will open and ask if you want to assign the person to the new year. Select **OK**.

Client Management

First Name	<input type="text"/>	Last Name	<input type="text"/>	DOB	<input type="text" value="MM/DD/YYYY"/>
Status	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Deceased	Program Period	<input checked="" type="checkbox"/> Current <input type="checkbox"/> Previous		

Advanced Search

County/Program	--Select--	Address	<input type="text"/>
City	<input type="text"/>	Zip	<input type="text"/>

Records Found: 154

First Name	Last Name	DOB	Gender	Address	Status	County/Program	No. of Books	Action
			Female		Active	Mason2 (Ludington)		Assign
			Female		Active	Mason2 (Ludington)		Assign
			Male		Active	Mason2 (Ludington)		Assign
			Female		Active	Mason2 (Ludington)		Assign
			Female		Active	Mason2 (Ludington)		Assign
			Female		Active	Mason2 (Ludington)		Assign

Selecting the **Search** button will give you a list of all participants from previous years. You can select the one you need then select **Assign**

Client Management

First Name	<input type="text"/>	Last Name	<input type="text"/>	DOB	<input type="text" value="MM/DD/YYYY"/>
Status	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Deceased	Program Period	<input checked="" type="checkbox"/> Current <input type="checkbox"/> Previous		
Advanced Search					
County/Program	<input type="text" value="--Select--"/>			Address	<input type="text"/>
City	<input type="text"/>			Zip	<input type="text"/>
<input type="button" value="Search"/> <input type="button" value="Reset"/> <input type="button" value="Add New Client"/>					

Records Found: 154

First Name	Last Name	DOB	Gender	Address	Status	County/Program	No. of Books	Action
			Female		Active	Mason2 (Ludington)		Assign
			Female		Active	Mason2 (Ludington)		Assign
			Male		Active	Mason2 (Ludington)		Assign
			Female		Active	Mason2 (Ludington)		Assign
			Female		Active	Mason2 (Ludington)		Assign
			Female		Active	Mason2 (Ludington)		Assign

The **Export grid as CSV** results opens a file that can then be opened in MS Excel and will show what is on the screen.

The **Export current program period data as CSV** will give you a list of all clients that have been activated for the current year or who you enter as new.

Lead Agency

OSAPartner.net Client List Logout

Welcome: Sunrise Side Senior Services
Session Time Remaining: 59:55
Program Period: 02/01/2017 – 01/31/2018

Personal Information				Edit
First Name	Gladys		Last Name	Luckenfuch
DOB	01/01/1932	Age 86	Gender	Female
Hispanic	No		Race	White

Address Information				Edit
Address Line 1	123 Cedar Pines Point		Address Line 2	
City	Anytown	Zip	12345	

After you **Assign** a client that is in the system, (participated prior to the current year) this is the first part of the screen you will see. It has all the fields entered. Check to make sure the fields have the correct information. If they do not, select **Edit** that's above the field that needs correction.

This is an example of the Address Information edit box. Make any corrections that are needed, then select **Submit**.

Address Information

Address Line 1 *	123 Cedar Pines Point	Address Line 2	Apartment/Lot/PO Box
City *	Anytown	Zip *	12345

Submit Close

✓ **Success**

Personal information updated successfully.

OK

Review – Update - Complete the Form

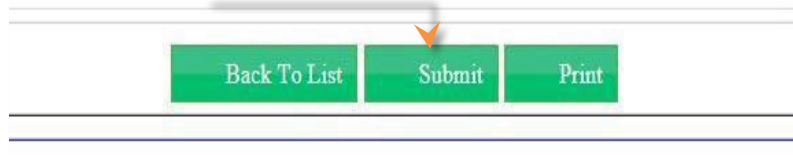
Select 'YES' or 'NO' buttons to answer

Items with a red asterisk are required fields

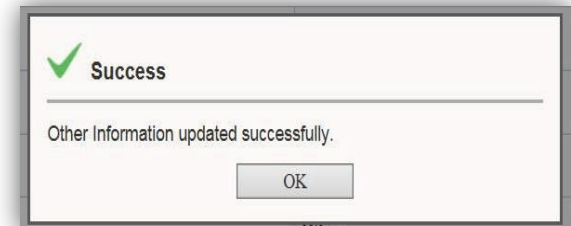
Use SNAP Benefits	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Use TFAP	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Use Home Delivered Meals	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Certification Date	<input type="text" value="MM/DD/YYYY"/>	

Certification Date: The certification date is the date that the participant 'certifies' to you that they do meet the income guidelines. It should be the date you are giving out the coupons. To open a calendar, select **HERE**, or type the date in. If you are running Firefox, a calendar icon will show up. In Explorer, the icon will not appear, but you can still click inside the gray box to open the calendar.

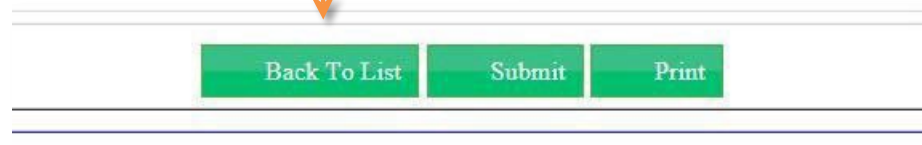
1. Select **Submit** when the data is updated or added.



2. You will receive verification that your form was submitted



3. The screen will be the same – select **Back to List** and you will be taken back to the top of the form. You can search, select from list, or add a new participant.



TO ADD A NEW PARTICIPANT

Session Time Remaining: 41:25
Program Period: 02/01/2017 – 01/31/2018

Client Management

First Name	<input type="text"/>	Last Name	Sawdy	DOB	<input type="text" value="MM/DD/YYYY"/>
Status	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Deceased	Program Period	<input checked="" type="checkbox"/> Current <input checked="" type="checkbox"/> Previous		

Advanced Search

Records Found: 1

First Name	Last Name	DOB	Gender	Address	Status	County/Program	No. of Books	Action
Edith	Sawdy	02/09/1934	Female	1068 Daisy Lane Ludington 49431	Active	Mason2 (Ludington)		Assign

If you search and do not find the participant you are looking for, you can select **Add New Client**. The same form will open as it did when selecting the **Search** button. Add the data. Follow the steps in slides 9, 10, and 11 to save your entry.

Personal Information			
First Name *	<input type="text"/>	Last Name *	<input type="text"/>
DOB *	<input type="text" value="MM/DD/YYYY"/>	Age	<input type="text"/>
Hispanic	<input type="button" value="Yes"/> <input type="button" value="No"/>	Gender *	<input type="button" value="Male"/> <input type="button" value="Female"/> <input type="button" value="Unknown"/>
Race *	<input type="radio"/> White <input type="radio"/> African American <input type="radio"/> Asian <input type="radio"/> An Indian or Alaska Native <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> Unknown		
Address Information			
Address Line 1 *	<input type="text" value="Street Address"/>	Address Line 2	<input type="text" value="Apartment/Lot/PO Box"/>
City *	<input type="text"/>	Zip *	<input type="text" value="12345-1234"/>
Other Information			
Status	<input checked="" type="button" value="Active"/> <input type="button" value="Inactive"/> <input type="button" value="Deceased"/>	Number of Books *	<input type="text"/>
County/Program *	<input type="button" value="Mason2 (Ludington)"/>	If Under 60 Explain Reason	<input type="text"/>
Waiting List for Books	<input type="text"/>	Signed Proxy	<input type="button" value="Yes"/> <input type="button" value="No"/>
Total Number in Household	<input type="text"/>	Use Food Bank	<input type="button" value="Yes"/> <input type="button" value="No"/>
Use SNAP Benefits	<input type="button" value="Yes"/> <input type="button" value="No"/>		

- You can change data prior to selecting the 'submit' button. After you select **Submit**, the **Edit** button will appear. You can make changes by selecting **Edit**.
- You have access to the participants' information who received coupons from your agency in 2022. If you are serving participants that officially live outside of your county, please use your county name on their application form.
- If you are searching for someone and the database tells you they are already in the system, but you cannot see them, it means they received coupons in another county. Verify that they have not received coupons in another county for 2024, then add them as a new client. You will need to provide their middle initial, or a number, or a letter to their name to make it appear different so the system will accept it.
- You may add any message you want in the final comments section.

Contact Information
for
Senior Project Fresh

Suzie Genyk, Program Manager and Statewide Coordinator
Senior Project Fresh Program
MDHHS—Behavioral and Physical Health & Aging Services Administration
Aging & Community Services Division
PO Box 30676
Lansing, MI 48909
517-599-6930

MDHHS-SeniorProjectFRESH@michigan.gov