

For office use only
Application _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGRICULTURE
SENIOR FARMERS' MARKET NUTRITION PROGRAM

2024 APPLICATION FORM

To qualify, you must be 60 or older (or turn 60 by 12/31/2024) and meet the household income guidelines.

RIGHTS AND RESPONSIBILITIES

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, age, disability, or sex.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP. By signing this, I acknowledge that my total household income is within the Income guidelines: **\$27,861** for 1 person in the household; or **\$37,814** for 2 people in the household and that I am 60 years old or older (or will turn 60 by 12/31/2024).

1st Participant Name (print): _____ Birth Date _____
(Person checks are for)

(Signature)

2nd Participant Name (print): _____ Birth Date _____
(Person checks are for)

(Signature)

Address (print): _____
(Street) (City) (State) (Zip Code)

Telephone Number: _____ County of residence: _____

I will/have watched the "My Plate for Older Adults" video prior to redeeming my SFMNP vouchers.

Please circle appropriate identifier for each:

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American
Native Hawaiian or other Pacific Islander White

Check Range: _____ (Office Use Only)

Please see back for USDA Nondiscrimination Statement

PLEASE MAIL APPLICATION TO COUNTY AGING OFFICE

USDA Nondiscrimination 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 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:

- 1. mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- 2. fax:**
(833) 256-1665 or (202) 690-7442; or
- 3. email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

Additional Information Needed: Informational Only - (Does not affect eligibility for Program)

Last four digits of SSN# xxx-xx-_____

Gender Identity: _____

Municipality/Township/Borough_____

Living Arrangement: (Circle) Lives Alone Lives with Spouse Lives with Other Family Member
Lives with Child Other_____

For 2024, is your annual income at or below 125% of the current Federal Poverty Income (see below)? YES NO
1 person: \$18,825 per year
2 people: \$25,500 per year