For office use only
Application _____

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

2020 Application Form

To qualify you must be 60 or older (or turn 60 by 12/31/2020) and meet the household income guidelines.

RIGHTS AND RESPONSIBILITIES

I certify that the information I have provided below 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: $23,606 for 1 person in the household; or $31,894 for 2 people in the household and that I am 60 years old or older (or will turn 60 by December 31, 2020).

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

_____
(Signature)

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

_____
(Signature)

Address (print): _____

Telephone Number: _____ **County you live in** _____

Please circle the most 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	

If more responses are received than funding allows you will be notified by mail.

Please <u>mail</u> or <u>email</u> your completed form before September 30, 2020 to: The County Aging office serving the county you live in. This information may be found under Publications/2020 Senior Agencies on this website.

Please see back for USDA Nondiscrimination Statement

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USDA Nondiscrimination Statement

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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