

For office use only
Application _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGRICULTURE
SENIOR FARMERS' MARKET NUTRITION PROGRAM
2023 APPLICATION FORM

THIS APPLICATION MUST BE MAILED—PLEASE SEE THE BOTTOM OF THIS APPLICATION FORM

THIS PROGRAM IS A ONE-TIME BENEFIT DURING THE PROGRAM YEAR

To qualify you must be 60 or older (or turn 60 by 12/31/2023) 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: \$26,973 for 1 person in the household; or \$36,482 for 2 people in the household and that I am 60 years old or older (or will turn 60 by December 31, 2023).

1st Participant Name (PRINT): _____ Birth date _____
(PERSON CHECKS ARE FOR) MONTH/DAY/YEAR

(SIGNATURE)

2nd Participant Name (PRINT): _____ Birth Date _____
(PERSON CHECKS ARE FOR) MONTH/DAY/YEAR

(SIGNATURE)

Address (PRINT): _____

Telephone Number: _____ County in which you reside _____
AREA CODE AND TELEPHONE NUMBER

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 **mail** **OR** **email** your completed Application Form before September 15th, 2023 to:
Dauphin County Area Agency on Aging, ATTN: SFMNP Program, Dauphin County Administration
Building, 3rd Floor, 2 South Second Street, Harrisburg, PA 17101 **OR** Email:
FMNP@dauphincounty.gov

USDA Non-Discrimination Statement

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