FOR OFFICE USE ONLY

Application #_____ Voucher Check Range: _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGRICULTURE

SENIOR FARMERS' MARKET NUTRITION PROGRAM

2026 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 12/31/2026) 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: $29,526 for 1 person in the household; or $40,034 for 2 people in the household and that I am 60 years old or older (or will turn 60 by 12/31/2026).

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): _____
(STREET *(CITY)* *(PA)* *(ZIP CODE)*

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

☐ I will/have watched the "My Plate for Older Adults" video prior to redeeming my SFMNP vouchers. MyPlate for Older Adults (https://www.youtube.com/watch?v=ku230kQlzqA). Additionally, please see the **Rights & Responsibilities Sheet Mailed with this Form.**

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, 2026 to: Dauphin County Area Agency on Aging, ATTN: SFMNP Program, Dauphin County Area Agency on Aging, Dauphin County Administration Building, 3rd Floor, 2 South Second Street, Harrisburg, PA 17101 OR Email: FMNP@dauphincounty.gov

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This institution is an equal opportunity provider **Please see back for USDA Non-Discrimination Statement**

USDA NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at https://www.usda.gov/sites/default/files/documents/ad-3027.pdf 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; or

2. **Fax:** (833) 256-1665 or (202) 690-7442; or

3. **Email:** Program.Intake@usda.gov

NOTE:

PLEASE DO NOT MAIL THIS APPLICATION TO THE ABOVE MAIL, FAX, OR EMAIL. THE ABOVE INFORMATION IS FOR USDA NON-DISCRIMINATION ONLY.

THIS APPLICATION IS TO BE MAILED 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

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