Please contact your local senior center for in person check distributions

For office use only
Application _____

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

2025 APPLICATION FORM

To qualify, you must by 60 or older (or turn 60 by 12/31/2025) 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: **$28,953** for 1 person in the household; or **$39,128** for 2 people in the household and that I am 60 years old or older (or will turn 60 by 12/31/2025).

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

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USDA Nondiscrimination 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:**
   (202) 690-7442; or

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

This institution is an equal opportunity provider.