

2020 Senior Farmer's Market Nutrition Program (SFMNP) Produce Vouchers

2020 연장자 야채과일 파머스마켓 프로그램 쿠폰

Thank you for your request for an application for the 2020 SFMNP Produce Vouchers.
2020년 연장자 야채과일 파머스마켓 프로그램 쿠폰을 받기 위한 신청서를 요청해주셔서 감사합니다.

To determine if you are eligible for the SFMNP produce vouchers for 2020, we recommend that you return the completed application form **AS SOON AS POSSIBLE**.

2020년 야채과일 프로그램 쿠폰을 받을 수 있는 자격이 되는 지 파악하기 위해 필라델피아노인국은 동봉된 신청 양식을 기입하셔서 되도록이면 빨리 제출해주시기 바랍니다.

Applications will be processed as they are received and SFMNP vouchers will only be available while supplies last.

필라노인국은 신청서가 접수되는 순서에 따라 이를 데이터베이스에 입력하는 작업을 실시하며, 야채과일 쿠폰은 다 소진될 때까지 연장자들에게 배부합니다.

Please provide all of the requested information, including signature(s), full mailing address and phone number, and circle your ethnicity/race. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

신청서에서 요구하는 정보를 모두 기재해주세요. 싸인, 집주소, 전화번호, 그리고 민족/인종 해당란에 동그라미를 쳐주세요. 다 작성되지 않은 신청서는 처리되지 않고 폐기됩니다.

Receiving this letter does not guarantee that you will be able to receive the SFMNP vouchers, as they will be distributed on a first-come, first-serve basis.

이 편지를 받으셨다고 해서 야채과일 쿠폰을 자동적으로 받는 것이 아닙니다. 왜냐하면 쿠폰은 먼저 신청하는 사람이 먼저 받는 시스템으로 운영됩니다.

If you are eligible and we still have a supply of the vouchers, you can expect to receive yours within 30 days of PCA receiving your application.

만약 귀하가 이 쿠폰을 받을 자격이 되고, 필라노인국이 쿠폰을 여전히 보유하고 있을 경우에는 귀하가 보낸 신청서를 필라노인국이 받은 후부터 30일 이내에 쿠폰을 우편으로 받으실 수 있습니다.

The value of the SFMNP produce vouchers has gone up this year to four, \$6 vouchers for a total of \$24.

올해는 야채과일 쿠폰 지원 액수가 인상돼 총 24달러이며, 6달러짜리 쿠폰을 4개씩 받게 됩니다.

- For eligibility for the 2020 SFMNP produce vouchers, the attached application form must be completed and signed.

2020년 연장자 야채과일 프로그램 쿠폰을 받으실 자격이 있는 지 확인하기 위해서는 동봉한 신청양식을 기재하시고 싸인하세요.

Up to 2 people at the same address can be included on each form. You may make additional copies of the form.

각 양식에는 같은 주소에 사는 사람들은 최대 2명까지만 같은 주소를 사용할 수 있습니다. 귀하는 아마도 몇 장의 양식 사본을 추가로 만드셔야 할 수도 있습니다.

There are two ways to return the COMPLETED application (please complete ALL information requested):

작성하신 신청서를 제출 할 때 두 가지 방법이 있습니다 (신청서 양식에서 묻는 모든 질문에 답하세요)

- The application can be **mailed back to Philadelphia Corporation for Aging (PCA) at 642 N. Broad Street Philadelphia, PA 19130.**

신청서를 필라델피아노인국 (PCA) 주소 **642 N. Broad Street Philadelphia, PA 19130.**로 우편으로 보내세요.

A stamped, addressed envelope is enclosed for your convenience.

귀하의 편의를 위해 이 패키지에는 우표를 지불한 도장이 찍혀있고, 주소가 적혀있으니 편지봉투를 사용하세요.

You can **email the completed application to** sfmnp@pcaCares.org.

귀하는 또한 작성한 양식을 **이메일로 제출할 수 있습니다.** 이메일 주소는 sfmnp@pcaCares.org 입니다.

For full SFMNP program information, please visit pcaCares.org/produce.

펜실베이니아주 연장자 야채과일 파머스마켓 프로그램에 대해 더 자세히 알고 싶으시면 필라델피아노인국 웹사이트로 방문하세요. pcaCares.org/produce.

Due to the ongoing stay-at-home orders in Philadelphia, the vouchers will be mailed to all eligible consumers.

필라델피아시의 자택대피 명령에 따라 집에서 나올 수 없는 이유로 이 쿠폰은 자격이 되는 연장자들에게 우편으로 보내집니다.

A list of participating markets will also be sent to you along with your vouchers.

쿠폰을 받는 파머스 마켓의 명단과 주소는 야채 쿠폰과 함께 귀하에게 우편으로 보내집니다.

You can also visit www.pafmnp.org or download the free app on Google Play or the App Store by searching "PA FMNP Market Locator."

파머스 마켓 주소를 찾으려면 또한 웹사이트 www.pafmnp.org 를 방문하시든 지, 스마트폰으로 Google Play 혹은 App Store에 들어가서 "PA FMNP Market Locator."를 입력하셔서 무료로 마켓 주소를 다운 받으시면 됩니다.

**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)

(Electronic signature is required)

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

(Electronic signature is required)

Address (print): _____

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

Please check mark the most appropriate identifier for each:

Ethnicity (must check one): Hispanic or Latino Not Hispanic or Latino

Race (must check one): 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 form before September 30, 2020 to:

Mailing Address: SFMPN Produce Vouchers. 642 N. Broad Street Philadelphia, PA 19130 • Telephone: 215-765-9040
Email: sfmnp@pcacares.org • www.pcaCares.org/produce

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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.

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