

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

2020 年老人農夫市場營養 計劃 (SFMNP) 蔬菜卷

您收到此通知是因為您在過去兩年中領取了 SFMNP 蔬菜卷。由於費城正在進行的安全留在家的指引，2020 年菜卷將用郵寄。

SFMNP 農產菜券的價值在今年已經上升到了 4 張，每張 6 美元，總計 24 美元。

- 要獲得菜卷，必須填寫並簽名申請表。每個表格中最多可包含 2 個相同地址的人。您可以使用覆印的表格。

有兩種方法可以交回填好的表格（請完整填寫所有要求的資料）：

- 該填好的表格可以用郵寄回來到費城老人協會

PCA 642 N. Broad St Philadelphia Pa 19130.

為您的方便，我們附上了已貼上郵票寫上回郵地址的信封。

- 您也可以通過電子郵件將填好的申請表送往 sfmnp@pcaCares.org

有關 SFMNP 計劃的資料，請訪問 pcaCares.org/produce。

如果您想收到 2020 年的 SFMNP 菜卷，我們建議您盡快填寫好申請表。申請將在申請表收到後馬上處理，SFMNP 菜卷會是先到先得至分發完為止。填表時請提供所有的資料，包括簽名，詳細郵寄地址和電話號碼，並圈上自己文化和種族。**我們不能處理不正確或不完整的申請表。**

收到此信並不能保證您將能夠收到 SFMNP 菜卷，因為它們將以先到先得的方式分配。您希望可以在 PCA 收到您的申請後 30 天內收到菜卷。

參與這計劃的市場的列表將與您的菜卷一起發送給您。

您也可以訪問 www.pafmnp.org 網站或 通過在 Google Play 或 App Store 中搜索 “PA FMN Market Locator” 下載免費的應用程式。

For office use only
Application _____

COMMONWEALTH OF PENNSYLVANIA 賓州農業部
DEPARTMENT OF AGRICULTURE
SENIOR FARMERS' MARKET NUTRITION PROGRAM 老人農夫市場菜卷計劃

2020 Application Form 2020 年申請表

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

你一定要在 2020 年 12 月 31 日前足六十歲也符合家庭收入高低的規定

RIGHTS AND RESPONSIBILITIES 你的權利和責任

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.

我保證以下我填寫的資料都是正確的。計劃的人員可以查核表上的資料。我明白如果我故意提供假資料或隱瞞事實，我可能要以現金賠償州政府的糧食補助損失，也可能被以州或聯邦法律作民事或刑事檢控。

Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex.

不管你的種族，皮膚的顏色，來源地，年齡，身體缺陷或性別，申請的條件都是一樣的。

I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

我明白我可以對本地機構對我不符合條件的決定提出上訴。

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).

我也簽字承認我的家庭收入是在規定的範圍內：一人家庭收入少於\$23,606，二人少於\$31,894。而且在 2020 年 12 月 31 日前足夠 60 歲或以上。

1st Participant Name (print): _____ Birth date _____
(第一人的名字 - 大楷) (Person checks are for) (出生日期: 月/日/年)

(Signature) (簽名)

2nd Participant Name (print): _____ Birth Date _____
(第二人的名字 - 大楷) (Person checks are for) (出生日期: 月/日/年)

(Signature) (簽名)

Address (print) (你的地址 - 大楷): _____

Telephone Number: (電話號碼) _____ County you live in (你住的郡 - 費城) _____

Please circle the most appropriate identifier for each 請圈上每個適合你的:

Ethnicity 文化: Hispanic or Latino 拉丁裔 Not Hispanic or Latino 非拉丁裔

Race 人種: American Indian or Alaskan Native 印第安人 Asian 亞裔 Black or African American 非洲裔
Native Hawaiian or other Pacific Islander 夏威夷人 White 白人

Please see back for USDA Nondiscrimination Statement

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

如果要求超過經費允許,我們會用郵件通知你.

Please mail or email your completed form before September 30, 2020 to:

請把填好的表格在九月三十日前郵寄或電郵到:

USDA Nondiscrimination Statement 美國農業部有關不能歧視的聲明

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.