# 2020 Senior Farmer's Market Nutrition Program (SFMNP) ProduceVouchers

Gracias por su interés en recibir un formulario para el programa 2020 de SFMNP Produce Vouchers

Para determinar si usted es elegible para los cheques de productos SFMNP para el 2020, le recomendamos que devuelva el formulario de solicitud completado CUANTO ANTES. Las solicitudes se procesarán a medida que se reciban y los cheques de SFMNP solo estarán disponibles hasta agotar existencias. Proporcione toda la información solicitada, incluyendo las firmas, la dirección postal completa y el número de teléfono, y circule su origen étnico / raza. **LAS SOLICITUDES INCOMPLETAS NO SERÁN PROCESADAS.**

**Esta carta no garantiza que pueda recibir los cheques de SFMNP, ya que se distribuirán por orden de llegada. Si es elegible y todavía tenemos un suministro de cheques, puede esperar recibir los suyos dentro de los 30 dias después que PCA reciba su solicitud.**

**El valor de los cheques de productos SFMNP ha aumentado este año a cuatro cheques de $6 por un total de $24.**

- Para recibir los cheques, el formulario de solicitud incluido debe completarse y firmarse. Se pueden incluir hast 2 personas en la misma dirección en cada formulario. Puede hacer copias adicionales del formulario.

**Hay dos formas de enviar la solicitud (Favor de completar TODA la información solicitada):**

- La solicitud puede enviarse por correo a Philadelphia Corporation for Aging (PCA) en 642 N. Broad Street Philadelphia, PA 19130. Se adjunta un sobre con sello y dirección para su conveniencia.
- Puede enviar la solicitud completa por correo electrónico a sfmnp@pcaCares.org

Para obtener más información sobre el programa SFMNP, visite pcaCares.org/produce.

Debido a los continuos pedidos de quedarse en casa en Filadelfia, los cheques se enviarán por correo a todos los participantes elegibles. También se le enviará una lista de los mercados elegibles junto con sus cheques.

También puede visitar www.pafmnp.org o descargar la aplicación gratuita en Google Play o App Store buscando"PA FMNP Market Locator".

For office use only
Application _____

# 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**

For office use only
Application _____

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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**, (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.

Please see back for USDA Nondiscrimination Statement