

Application # \_\_\_\_\_

FOR OFFICE USE ONLY  
Voucher Check Range: \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGRICULTURE  
**SENIOR FARMERS' MARKET NUTRITION PROGRAM**  
**2024 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 12/31/2024) 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: \$27,861 for 1 person in the household; or \$37,814 for 2 people in the household and that I am 60 years old or older (or will turn 60 by December 31, 2024).

1<sup>st</sup> 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 \(https://www.youtube.com/watch?v=ku230kQlZqA\)](https://www.youtube.com/watch?v=ku230kQlZqA). Additionally, please see the PA SFMNP – Nutrition Education Resources sheet provided to you with this Application.

**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 15<sup>th</sup>, 2024 to:  
Dauphin County Area Agency on Aging, ATTN: SFMNP Program, Dauphin County Area Agency on Aging, Dauphin County Administration Building, 3<sup>rd</sup> Floor, 2 South Second Street, Harrisburg, PA 17101 **OR** Email: [FMNP@dauphincounty.gov](mailto:FMNP@dauphincounty.gov)

*This institution is an equal opportunity provider*

**Please see back for USDA Non-Discrimination Statement**

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## **USDA Non-Discrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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](mailto: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, 3<sup>RD</sup> FLOOR, 2 SOUTH SECOND STREET, HARRISBURG, PA 17101**

**OR EMAIL: [FMNP@DAUPHINCOUNTY.GOV](mailto:FMNP@DAUPHINCOUNTY.GOV)**