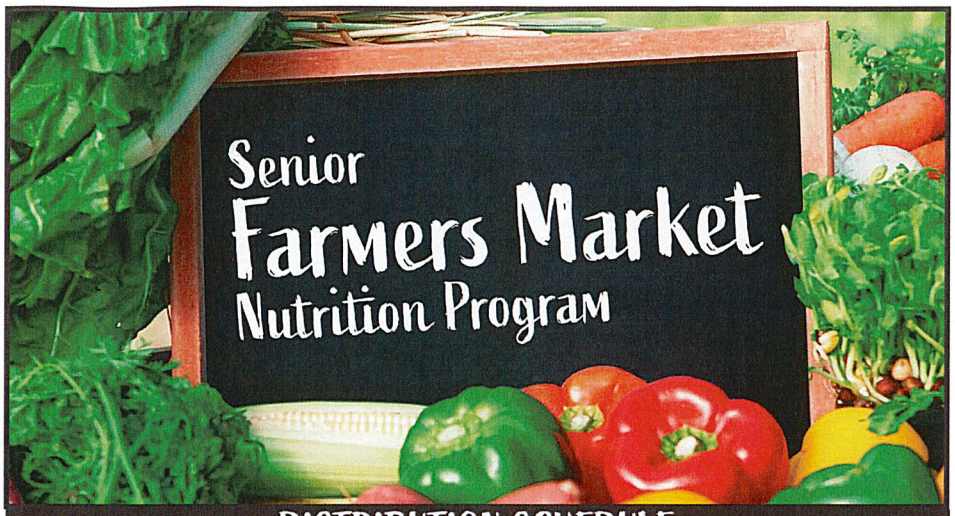

DISTRIBUTION SCHEDULE

IN-PERSON ONLY. NO vouchers will be mailed. NO application needed. While supplies last.

Distribution times are **9 - 11:30 am**

Thursday, June 4
York County Area Agency on Aging
2401 Pleasant Valley Road, York

Thursday, June 11
Northeastern Senior Community Ctr.
131 Center Street, Mount Wolf

Friday, June 12
Crispus Attucks Association
605 S. Duke Street, York

Monday, June 15
Windy Hill on the Campus
1472 Roths Church Road, Spring Grove

Thursday, June 18
September House Senior Center
1251 W. King Street, York

Monday, June 22
Delta Senior Center
5 Pendyrus Street, Suite 1, Delta

Wednesday, June 24
Stewartstown Senior Center
14 College Avenue, Stewartstown

Friday, June 26
South Central Senior Center
150 E. Main Street, New Freedom

Monday, June 29
Flinchbaugh's Orchard (pavilion)
110 Ducktown Road, Hellam

Tuesday, June 30
Dillsburg Senior Community Center
1 N. Second Street, Dillsburg

Thursday, July 2
Red Land Senior Center
1230 Rosstown Road, Lewisberry

Wednesday, July 8
Calvary United Methodist Church
11 N. Richland Avenue, York

Thursday, July 9
St. Matthew's Lutheran Church
30 W. Chestnut Street, Hanover

Friday, July 10
Golden Connections Community Ctr.
20-C Gotham Place, Red Lion

Tuesday, July 14
Yorktown Senior Center
509 Pacific Avenue, York

Wednesday, July 15
St. David's E.C. Church
2411 Oakland Road, Dover

Thursday, July 16
White Rose Senior Center
27 S. Broad Street, York

Tuesday, July 21
Brown's Orchard & Market (pavilion)
8892 Susquehanna Trail S., Loganville

Thursday, July 23
Susquehanna Senior Center
2427 Craley Road, Wrightsville

Wednesday, July 29
York County Area Agency on Aging
2401 Pleasant Valley Road, York

Tuesday, August 11
White Rose Senior Center
27 S. Broad Street, York

Distributed by
York County Area Agency on Aging
in conjunction with
Pennsylvania Dept. of Agriculture

Eligible seniors can receive

FREE ($25)

for purchase of fresh fruits & vegetables grown in Pennsylvania.

Vouchers are redeemable

June 1st - November 30th

at participating farmers' markets throughout Pennsylvania.

2026 Gross Annual Income Requirements

1-person Household
($2,461/month) or less
$29,526

2-person Household
($3,336/month) or less
$40,034

3-person Household
($4,212/month) or less
$50,542



Eligibility Requirements

- Must show proof of age & York County residency at the distribution site
- Must be age 60 or older by December 31, 2026
- Must be a York County resident
- Cannot live in a nursing, personal care, or residential facility where meals are provided
- Cannot have already received the SFMNP $25 in 2026

Proxy Forms

- Required for eligible seniors authorizing another person to pick up vouchers for them. Includes POA's, spouses, family members, etc. **Only 2026 forms accepted.**
- ID for both the eligible person AND the proxy are required

Proxy forms are available

- On the YCAAA.org website
- At York County Senior Centers
- At the York County Area Agency on Aging 2401 Pleasant Valley Road, York PA 17402

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

2026 ELIGIBILITY & PROXY FORM

RIGHTS AND RESPONSIBILITIES

I have been advised of my rights and obligations under the SFMNP. 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.

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

Address: _____

Telephone Number: _____

Please check the box of the most appropriate identifier for each:

Ethnicity: ☐ 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

By signing this proxy for I acknowledge that my total household income is within the Income guidelines: **$29,526** for 1 person in the household; or **$40,034** for 2 people in the household and that I am 60 years old or older.

Participant's Signature _____ (Person checks are for)

Proxy Name (print): _____
(Person picking up the checks for participant)

Proxy's Signature _____

Address: _____

Telephone Number: _____

Check Numbers Received: _____

****The proxy must take this form to a distribution site in the county the participant resides in. DO NOT MAIL**