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

2024 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): _____ **Date** _____
(Person checks are for)

Address: _____

Telephone Number: _____ **Birthday** _____
(month/day/year)

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

Ethnicity: ☐ Ethnicity Hispanic or Latino ☐ Not Hispanic or Latino

☐ 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: **$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.

Participant's Signature _____ (Person checks are for)

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

Address: _____

Proxy's Signature _____

Check Numbers Received: _____

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

Identification for both Participant and Proxy is required.

USDA Nondiscrimination 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.

This institution is an equal opportunity provider.