

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

2025 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 Ethnicity and Race:

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: **\$28,953** for 1 person in the household; or **\$39,128** 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: _____

Telephone Number: _____

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**

USDA Nondiscrimination Statement

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> 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; or
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Senior Farmer's Market Nutrition Program (SFMNP) Proxy Rules

Seniors may appoint someone else (Proxy) to pick-up their vouchers for them. **Proxy** – means an individual authorized by an eligible senior to act on the senior's behalf, including receipt of SFMNP checks and use of SFMNP checks at authorized outlets, as long as the SFMNP benefits are ultimately received by the eligible senior. **Power of Attorney (POA's) must have a completed proxy.** If a POA signs for the recipient, and as the Proxy, they will need to show a copy of the Power Attorney when they present the Proxy form, in order to receive the vouchers. **EX - A husband picking up the SFMNP checks for his wife must have a completed proxy form from his wife in order to receive the checks for his wife.**

A Proxy Form must be secured in advance, be completed in full, signed, and brought to the distribution site. **Proof of age and address for the senior recipient will need to be presented by the proxy, as well, the proxy will need to show their own ID. Proxy's may not proxy for more than four seniors.**

GECAC Erie Area Agency on Aging 2025 Distribution: Eligible seniors may ONLY receive vouchers one time in the program year of 2025. This information will be verified when vouchers are received.

Location

Date / Time

GECAC Corry Sr. Center	25 S. First Ave., Corry	Monday	06/23/25	9 a.m. to 3 p.m.
GECAC North East Senior Center	50 E. Main St., North East	Monday	06/23/25	9 a.m. to 1 p.m.
GECAC Northwestern Sr. Center	9 Academy St., Albion	Friday	06/27/25	9 a.m. to 3 p.m.
GECAC Union City Senior Center	27 Johnson St., Union City	Friday	06/27/25	9 a.m. to 3 p.m.
Bayfront Convention Center	1 Sassafras Pier, Erie	Monday	06/30/25	9 a.m. to 4 p.m.
GECAC Tri-Boro Senior Center	7555 W. Ridge Rd., Fairview	Monday	07/07/25	9 a.m. to 3 p.m.

For questions and information about voucher availability after the community distribution events, seniors may call the closest GECAC Senior Center or 814-459-4581 Ext. 400:

North East (814) 725-5195
RBW Central City (814) 451-5633
Northwestern (814) 756-5373

Erie West (814) 451-5634
Union City (814) 438-2146

Corry (814) 664-2477
Tri-Boro (814) 474-2211