

For office use only  
Application \_\_\_\_\_

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

2021 Application Form

To qualify you must be 60 or older (or turn 60 by 12/31/2021) 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: \$23,828 for 1 person in the household; or \$32,227 for 2 people in the household and that I am 60 years old or older (or will turn 60 by December 31, 2021).**

1<sup>st</sup> Participant Name (print): \_\_\_\_\_ Birth date \_\_\_\_\_  
(Person checks are for)

\_\_\_\_\_  
(Signature)

2nd Participant Name (print): \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Person checks are for)

\_\_\_\_\_  
(Signature)

Address (print): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ County you live in \_\_\_\_\_

Please circle the most appropriate identifier for each:

**Ethnicity:** Hispanic or Latino Not Hispanic or Latino

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**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.

Applications are to be taken to the Community Distribution Dates noted on the attached sheet. Questions about vouchers after the dates may be directed to 814-459-4581 Ext. 523. Applications are not required to receive vouchers at the Community Distribution Locations, however they allow the process to go quicker.

Please see back for USDA Nondiscrimination Statement

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### **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, 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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

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**Community Distribution Dates**

**Eligible seniors may ONLY receive vouchers one time in the program year of 2021. This information will be verified when vouchers are received.**

<b>Location</b>	<b>Date/Time</b>
Zem Zem Shrine Club 2525 W 38 <sup>th</sup> , Erie	June 2 <sup>nd</sup> and June 30 <sup>th</sup> , 2021 9:00 a.m. to 4:00 p.m.
GECAC Northwestern Senior Center 9 Academy Street, Albion	June 11 <sup>th</sup> , 2021 9:00 a.m. to 3:00 p.m.
GECAC North East Senior Center 50 East Main St., North East	June 14 <sup>th</sup> and June 28 <sup>th</sup> 9:00 a.m. to 12:30 p.m.
Holy Cross Church 7100 West Ridge Road, Fairview	June 14 <sup>th</sup> and July 12 <sup>th</sup> , 2021 9:00 a.m. to 3:00 p.m.
GECAC Union City Senior Center 27 Johnson St., Union City	June 23 <sup>rd</sup> and July 7 <sup>th</sup> , 2021 9:00 a.m. to 12:00 p.m.
Corry Alliance Church 721 Hatch Street, Corry	June 21 <sup>st</sup> , 2021 9:00 a.m. to 12:30 p.m.

Applications may be completed and brought to the distribution site to make the process quicker, however they are not required. Seniors may appoint someone else (Proxy) to pick-up their vouchers for them. **The proxy will require an application** from our website, or it may be requested to be mailed by calling 814-459-4581 Ext. 523. Vouchers will not be distributed to proxies without presenting correctly completed applications and proof of ID for the senior and the proxy. Proxy's may not proxy for more than four seniors.

To learn more about GECAC's Senior Farmers Market Nutrition Program contact (814) 459-4581 Ext. 523 or email [sfmnp@gecac.org](mailto:sfmnp@gecac.org). Information on the GECAC Erie County Area Agency on Aging, the SFMNP program, or to download a copy of the 2021 application, go to [www.gecac.org](http://www.gecac.org).