

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

## 2015 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:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Person the checks are for)

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Birthday** \_\_\_\_\_  
(month/year)

Income guidelines: \$21,775 1 person in the household; \$29,471 for 2 people in the household

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

**Proxy Name:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Person picking up the checks)

**Address:** \_\_\_\_\_

I hereby acknowledge with my signature that I am a Pennsylvania resident, I am 60 years or older and my household income is within the income guidelines for participation in SFMNP.

**Participants Signature** \_\_\_\_\_ (Person checks are for)

**Proxy Signature** \_\_\_\_\_ (Person picking up checks)

Check numbers Received: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**\*\*The proxy must take this form to a distribution site in the county you reside. DO NOT MAIL**

For immediate release:  
Contact: Lethia Seitz Clarion Area Agency on Aging  
814-226-4640

## FARMERS MARKET VOUCHERS AVAILABLE FOR SENIOR CITIZENS

The Farmer's Market Nutrition Program for senior citizens will be available through the Clarion Area Agency on Aging. The FMNP program, funded under the PA Department of Agriculture, provides eligible participants with \$20 worth of vouchers to purchase fresh fruits and vegetables at farmer's markets. Nutritionists recommend eating five or more servings of fruit and vegetables every day. Good nutrition is a critical factor in the health and well-being of senior citizens.

To be eligible, a person must be 60 years of age, live in Clarion County, and meet the annual income guidelines. Eligibility for the program is based on household income. Total income for one person is less than \$21,775.00 and for a couple – total income is less than \$29,471. **You must show proof of age and residency.**

Consumers will receive a list of eligible farmer's markets with their vouchers.

Distribution sites and dates are as follows:

June 1 <sup>st</sup>	--	New Bethlehem Senior Center	9 a.m. – 12 p.m.
June 2 <sup>nd</sup>	--	Knox Senior Center	9 a.m. -- 12 p.m.
June 8 <sup>th</sup>	--	Rimersburg Center	9 a.m. – 12 p.m.
June 17 <sup>th</sup>	--	Rimersburg Center	9 a.m. - 12 p.m.
June 17 <sup>th</sup>	--	Allegheny Hills East Brady	1 p.m. - 4 p.m.
June 23 <sup>rd</sup>	--	Main Street Center	9 a.m. – 12 p.m.
July 1 <sup>st</sup>	--	Leeper Senior Center	9 a.m. – 12 p.m.
July 16 <sup>th</sup>	--	Main Street Center	9 a.m. – 12 p.m.

**PLEASE** try to visit one of these sites to pick up your vouchers. Each eligible person will receive 4 vouchers worth \$5.00 each, which can be used to purchase produce grown in Pennsylvania or produce which was purchased directly from a farmer in a neighboring state, Delaware, Maryland, New Jersey, New York, Ohio or West Virginia. The vouchers can be used through the end of November. **Senior citizens who are homebound will need to fill out a preprinted proxy form to send with their proxy.** **There are no exceptions.** These forms will be available at the Area Agency on Aging and the distribution sites prior to the distribution dates. The proxy may only sign for no more than **four** consumers. Care managers from the Aging Office will also be contacting homebound residents.

For more information about the program, please contact the Aging Office at 814-226-4640.