

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

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

**2024 APPLICATION FORM**

*To qualify, you must be 60 or older (or turn 60 by 12/31/2024) and meet the household income guidelines.*

**RIGHTS AND RESPONSIBILITIES**

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. By signing this, 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 (or will turn 60 by 12/31/2024).

1st Participant Name (print): \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Person checks are for)

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

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

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

Address (print): \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone Number: \_\_\_\_\_ County of residence: \_\_\_\_\_

I will/have watched the "My Plate for Older Adults" video prior to redeeming my SFMNP vouchers.

Please circle appropriate identifier for each:

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

Check Range: \_\_\_\_\_ (Office Use Only)

MAIL TO: LC DEPT OF AGING & ADULT SVCS OR EMAIL TO: [agingandadult@lehighcounty.org](mailto:agingandadult@lehighcounty.org)  
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Allentown, PA 18101-2401