

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

## 2026 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):** \_\_\_\_\_ **Birth Date** \_\_\_\_\_  
(Person checks are for)

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

**Telephone Number:** \_\_\_\_\_

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

By signing this proxy for I acknowledge that my total household income is within the Income guidelines: **\$29,526** for 1 person in the household; or **\$40,034** 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):** \_\_\_\_\_

(Person picking up the checks for participant)

**Proxy's Signature** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_

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 USDA civil rights regulations and policies, the USDA, its agencies, offices, 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, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 [How to File a Program Discrimination Complaint](#) 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

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