

# How to Apply for SFMNP



- During the pandemic most distribution of checks is happening by mail
- You must send Montco Hunger Solutions the completed application (page 3 of this document) by mail, fax, or email; e-signatures in *script font* will be accepted
- Checks will be mailed to you once the completed application is received

**Mail:** SHARE - Montco Hunger Solutions  
2901 West Hunting Park Ave.  
Philadelphia, PA 19129

**Email:** [infomhs@sharefoodprogram.org](mailto:infomhs@sharefoodprogram.org)

**Fax:** 610-968-1777

Call **610-628-2000** for help with the application.

You do not need to return this page with your application.

## **FMNP and SFMNP Basic Rules and Regulations**

- FMNP checks cannot be used before June 1, 2021 or after November 30, 2021.
- FMNP customers may buy only fruits and vegetables grown in Pennsylvania.
- When using checks recipients must sign in the “Signature Recipient or Proxy” section on the front lower right corner of the checks. Do not sign on the back. Do this before going to the market.
- At the market look for stands displaying the white Farmers Market Nutrition Program poster.
- Each check is worth \$6. Farmers are not permitted to give change for purchases of less than \$6.
- Program recipients may place orders online with FMNP approved farmer; however, you must pay with your paper FMNP checks. A proxy may go to markets to make the purchase for you.

## **Market information**

To find a farmer’s market or farm stand with eligible farmers please download the PA FMNP app (available in the Google Play store and the Apple Store for free). Search for PA FMNP farmers market locator and download the app, or go to [www.pafmnp.org](http://www.pafmnp.org) to search for online farmers market and farm stand. You can also call Montco Hunger Solutions at 610-628-2000.

**For markets with phone numbers please contact for changes to operating hours before visiting.**

**\*\* Note:** Program recipients are encouraged to practice social distancing and wear masks at markets and stands.

## **List of eligible fruit and vegetables**

### **Fruit**

Apples Apricots

Berries  
Cherries

Grapes  
Nectarines

Melons  
Plums

Pears  
Peaches

### **Vegetables**

Artichokes

Cauliflower

Leeks

Parsnips

Tomatoes

Asparagus

Celery

Lettuce

Onions

Turnips

Beans (fresh)

Corn

Mushrooms

Radishes

Winter

Beets

Cucumbers

Peppers

Rhubarb

Squash

Broccoli

Eggplant

Potatoes

Rutabagas

Yams grown in PA

Brussels sprouts

Greens

Peas

Spinach Sweet

Zucchini

Cabbage

Kohlrabi

Okra

Potatoes

**No actual plants are permitted for purchase only the mature fruit and/or vegetable is allowable for purchase with the FMNP checks.**

Fresh cut herbs are allowed if they are used for cooking or flavoring

- Processed food is not allowed for purchase with FMNP Checks. Jack-o-lanterns are not allowable
- Citrus or tropical fruits are not allowed for purchase with FMNP checks.

## **Nutrition Education**

Nutrition information on basic nutrition, shopping, cooking and food safety can be found at [www.nutrition.gov](http://www.nutrition.gov). The website also contains many different recipes.

To find out if you qualify for other free food like the  
**Senior Food Box advertised at the end of this packet.**  
visit [www.MontcoHunger.Solutions](http://www.MontcoHunger.Solutions) or call 610-628-2000.

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# RETURN THIS PAGE

Application Number: \_\_\_\_\_

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 check the most appropriate identifier for each. You must check both ethnicity and race.

- 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

If more responses are received than funding allows you will be notified by mail.

Please mail, email, or fax your completed form before **September 30, 2021** to:

**Mail:**  
SHARE - Montco Hunger Solutions  
2901 West Hunting Park Ave.  
Philadelphia, PA 19129

**Email:** [infomhs@sharefoodprogram.org](mailto:infomhs@sharefoodprogram.org)

**Fax:** 610-968-1777

**Questions?** Call 610-628-2000

Please see back (next page) for the nondiscrimination statement

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Application \_\_\_\_\_

### **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, audiotope, 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.

**You may also be interested in the program below!**

# FREE FOOD FOR SENIORS

## Commodity Supplemental Food Program – Federal Food for Seniors

### What do you need to know to be eligible?

If you are 60 years of age or older & if your income is below 130%.

2020-21 CSFP Income Guidelines Elderly - 130%

Household Size	Annual	Monthly	Weekly
1	\$16,588	\$1,383	\$319
2	\$22,412	\$1,868	\$431
3	\$28,236	\$2,353	\$543
4	\$34,060	\$2,839	\$655
5	\$39,884	\$3,324	\$767
6	\$45,708	\$3,809	\$879
7	\$51,532	\$4,295	\$991
8	\$57,356	\$4,780	\$1,103
For each add'l household member, add...	\$5,824	\$486	\$112

\* CSFP agencies must implement the adjusted income guidelines for elderly applicants immediately upon receipt.

### What will you receive in the food box?

- FRUITS & JUICES (1 juice & 3 fruits or 1 juice, 2 fruits, 1 raisin)**
- VEGETABLES (8 vegetables or 6 vegetables & dehydrated potatoes)**
- CHEESE (2-pound block)**
- MILK (2 UHT milk – 32 oz)**
- MEAT, POULTRY & FISH (1 beef or 1 chili & 1 poultry or fish)**
- PLANT-BASED PROTEIN (3 peanut butter, canned beans, dry beans or lentils)**
- CEREALS (2 dry, farina, rolled oats or grits)**
- PASTA & RICE (2 pasta or white/brown rice)**

### What information will you need at registration?

**Verification of ID, age & address** using a driver's license, passport, picture ID card, birth certificate or similar document.

**Verification of family income** by bringing a W-2, the previous years tax return, social security award letter, last four pay stubs or similar documents.

For info or to sign up, call: **610-628-2400**

The Non-Discrimination Statement is on the back. Please turn over.