

2012 – Farmers Market Nutrition Program

In cooperation with the PA Department of Agriculture, Lackawanna County is distributing the Farmers Market Nutrition Program vouchers from June 21 to July 13<sup>th</sup>, 2012.

Vouchers are distributed on a first come, first serve basis. Distribution begins at 9 AM and ends when the supply of available vouchers at each site is allocated.

A Proxy Form is required, along with ID, if you are eligible but need to have someone else pick up a voucher for you. Representatives may only serve as a proxy for four (4) individuals. Proxy forms can be obtained by visiting or calling the Area Agency on Aging at (570)963-6740 or online at [www.lackawannacounty.org](http://www.lackawannacounty.org) or through your local Senior Community Center.

Sites and dates of distribution are:

Day/Date	Senior Community Center	Phone
Thursday, June 21 <sup>th</sup>	Abington Senior Center 1151 Winola Road, Clarks Summit	586-8996
Friday, June 22 <sup>th</sup>	North Pocono Senior Center Route 435, Daleville	842-6727
Monday, June 25 <sup>th</sup>	Dunmore Senior Center 1414 Monroe Avenue, Dunmore	207-2662
Wednesday, June 27 <sup>th</sup>	Jewish Community Center 601 Jefferson Avenue, Scranton	346-6595
Friday, June 29 <sup>th</sup>	Taylor Community Center 700 S. Main Street, Taylor	562-0400
Monday, July 2 <sup>nd</sup>	Carbondale Senior Center 66 N. Church St., Carbondale	282-6167
Friday, July 6 <sup>th</sup>	South Side Senior Center 425 Alder Street, Scranton	346-2487
Monday July 9 <sup>th</sup>	Downtown Senior Center 305 Penn Avenue, Scranton	347-3970
Tuesday, July 10 <sup>th</sup>	West Side Senior Center 1004 Jackson Street, Scranton	961-1592
Friday, July 13 <sup>th</sup>	Mid-Valley Senior Center Green Wave Heritage Apts. 310 Church St., Jessup	489-4415

**To qualify, you must provide:**

**Proof of Age:** Such as a driver's license or birth certificate; must be 60 by December 31, 2012. Medicare Card is NOT valid ID.

**Proof of Lackawanna County Residency:** Such as a utility bill or drivers license.

**Income:** Sources such as social security, pensions, interest income, annuities, etc. are counted. You will be asked to sign a self-declaration statement attesting that your gross income is at or below the federal income guidelines. At this time, the following federal income criteria apply: Single: \$20,665., Married Couple: \$27,991., 3 person household: \$35,317.00.

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

**2012 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:** \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
(month/year)

Income guidelines: \$20,665 Single \$27,991 Couple

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.**