

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

2011 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)

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 Caucasian

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.**