

## **It's time for the Farmer Market Coupon program here in PA.**

**GREAT NEWS!!** Eligible recipients will receive a total of \$50 (Five \$10 coupons), *more than double last year's amount!* Household incomes have also been increased!

Mail or Drop Off application **By SEPT 15** to :  
**MCAAA Office 724 Phillips Street Suite 102 Stroudsburg, PA 18360.**

**DATES: Coupons can be used June 1—Nov 30. NO EXCEPTIONS**  
**Distribution of coupons begin May 15 and ends Sept 30. NO EXCEPTIONS**

Please complete your applications on page 11 ASAP.

*A list of participating sites and rules will be sent with your coupons.*



### **USDA Nondiscrimination Statement** **This institution is an equal opportunity provider**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**  
 (833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

**FARMER MARKET APPLICATION INSTRUCTIONS:**

**DROP-OFF BOX** is located at the Aging Office or you can Mail the form to MCAAA 724 Phillips Street Suite 102 Stroudsburg, PA 18360.

Distribution of vouchers will begin on June 1 and end Sept. 30.

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

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

**2023 APPLICATION FORM**

*To qualify, you must be 60 or older (or turn 60 by 12/31/2023) 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: **\$26,973** for 1 person in the household; or **\$36,482** for 2 people in the household and that I am 60 years old or older (or will turn 60 by 12/31/2023).

1st 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 of residence: \_\_\_\_\_

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