
**Philadelphia Corporation for Aging
2018 Senior Farmers' Market Nutrition Program**

Starting Voucher #

Initials

Requirements:

Age 60 by 12/31/18

2018 Household Income:

Must live in Philadelphia

\$22,459 (1 person)

\$30,451 (2 people)

\$38,443 (3 people)

\$46,435 (4 people)

****Each eligible person gets \$20 in vouchers ONE TIME per year only****

Please complete (PRINT)

***Must show ID with age & address**

PRINT Name: _____

First

Middle

Last

Address: _____ Apt. No.: _____

Zip Code: _____

Birth Date: _____ / _____ / _____

Month

Day

Year

Hispanic/Latino (circle one): Yes No

Race (please check one): Black/African American Asian Native American

Native Hawaiian/Pacific Islander White

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SENIOR FMNP 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, receiving the checks more than once during the program year 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 the 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.

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