

Eligible seniors can receive \$20 worth of vouchers to buy fresh fruit and vegetables **grown in Pennsylvania**, if they meet the following requirements:

- Be 60 years of age by December 31, 2018
- Live in York County
- Meet the 2018 household income requirements (which includes total income from Social Security, wages, pensions, interest, IRA payments, etc.).

Household Income Requirements:

1 person:	\$22,459
2 people:	\$30,451
3 people:	\$38,443
4 people:	\$46,435

Both husband and wife may receive the vouchers if their combined total income is within the income limits.

These vouchers will be distributed from the end of May to September 30, 2018 at various locations throughout York County, and are redeemable at participating PA farmers markets between June 1 to November 30, 2018.

PROOF OF AGE AND YORK COUNTY RESIDENCY IS REQUIRED.



2018 SENIOR FARMERS MARKET NUTRITION PROGRAM

Distributed by the
York County Area
Agency on Aging,
in conjunction with the
Pennsylvania
Department of Agriculture



pennsylvania
DEPARTMENT OF AGRICULTURE

York County Area Agency on Aging
100 West Market Street
York, PA 17401

Phone: 717-771-9610
Toll free: 800-632-9073
Fax: 717-771-9044

www.ycaaa.org



2018 SFMNP Schedule

Vouchers will be distributed at these locations or until supplies last.

Distribution will be

9:30 AM to 11:30 AM,

unless otherwise noted.

Calvary United Methodist Church

11 North Richland Avenue, York
Monday, May 21

Golden Connections Community Center

20-C Gotham Place, Red Lion
Tuesday, May 22

Northeastern Senior Community Center

131 Center Street, Mount Wolf
Thursday, May 24

Crispus Attucks Association

605 South Duke Street, York
Friday, May 25

Yorktown Senior Center

509 Pacific Avenue, York
Tuesday, May 29

Stewartstown Senior Center

26 South Main Street, Stewartstown
Wednesday, May 30

Dillsburg Area Senior Center

1 North Second Street Dillsburg
Thursday, May 31

Delta Area Senior Center

5 Pendyrus Street, Suite 1, Delta
Tuesday, June 5

South Central York County Senior Center

150 East Main Street, New Freedom
Wednesday, June 6

Heritage Senior Center

3700 Davidsburg Road, Dover
Thursday, June 7

Red Land Senior Center

736 Wyndamere Road, Lewisberry
Wednesday, June 27

Windy Hill On The Campus

1472 Roth's Church Road, Spring Grove
Thursday, June 28

Hanover Council of Churches

136 Carlisle Street, Hanover
Tuesday, July 10

Susquehanna Area Senior Center

2427 Craley Road, Wrightsville
Thursday, July 12

Whitcomb's Farm Market

2410 Roosevelt Avenue, York
Monday, July 16

Brown's Orchards (Pavilion)

8892 Susquehanna Trail South, Loganville
Tuesday, July 17

Flinchbaugh's Orchards (Pavilion)

110 Ducktown Road, York (Hellam)
Thursday, July 19

White Rose Senior Center

27 South Broad Street, York
Tuesday, July 24 9:00 AM—11:30 AM

Aldersgate United Methodist Church

397 Tyler Run Road, York
Tuesday, July 31

Calvary Bible Church

603 Wilson Avenue, Hanover
Wednesday, August 1

Heritage Senior Center

3700 Davidsburg Road, Dover
Thursday, August 2

Golden Connections Community Center

20-C Gotham Place, Red Lion
Tuesday, August 7

Manchester Township Municipal Office

3200 Farmtrail Road, York
Thursday, August 9

White Rose Senior Center

27 South Broad Street, York
Tuesday, August 14

Springettsbury Township Municipal Office

1501 Mount Zion Road, York
Wednesday, August 15

Brown's Orchards (Pavilion)

8892 Susquehanna Trail South, Loganville
Tuesday, August 21

West Manchester Township Municipal Office

380 East Berlin Road, York
Wednesday, August 22

York Central Market

34 West Philadelphia Street, York
Thursday, August 23 9:30 AM—1:00 AM

2018 PROXY FORMS are required for those eligible seniors authorizing someone else to pick up the vouchers for them. POA's and spouses must use a proxy form. **ID for both senior and proxy is required.**

**ONLY 2018 PROXY FORMS
WILL BE ACCEPTED.**

Proxy forms are available at most York County Senior Centers, the York County Area Agency on Aging office or at www.ycaaaa.org.

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

2018 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 (print): _____ Date _____
(Person 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 White

By signing this proxy for I acknowledge that my total household income is within the Income guidelines: \$22,459 for 1 person in the household; or \$30,451 for 2 people in the household

Participant's Signature _____ (Person checks are for)

Proxy Name (print): _____ Date: _____
(Person picking up the checks for participant)

Address: _____

Proxy's Signature _____

Check numbers Received: _____

****The proxy must take this form to a distribution site in the county the participant resides in. DO NOT MAIL**

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, audiotape, 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, found online at 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.

This institution is an equal opportunity provider.

DO NOT mail the completed proxy form.
The address above is only for discrimination complaints.