



## Office of Aging

**BOARD OF COMMISSIONERS**

MICHAEL PIPE, *Chair*  
MARK HIGGINS  
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Willowbank Office Building  
420 Holmes Street, Room 245  
Bellefonte, PA 16823-1488  
Telephone 814.355.6716  
FAX 814.355.6757

**DIRECTOR**  
KEN PENDLETON

[aging@centrecountypa.gov](mailto:aging@centrecountypa.gov)

May 27, 2021

Good day,

Enclosed please find the application for the 2021 Farmers' Market Voucher Program. Due to our current circumstances, applications and delivery of the 2021 Voucher program will be completed by mail. Complete the entire form before mailing it back to the Office of Aging. Please make sure to sign the form.

Please complete the form and mail it to:

FMV c/o Centre County Office of Aging  
420 Holmes St., Room 245  
Bellefonte, PA 16823

This is the same address on the bottom of the form. The application will be reviewed and the checks will be mailed out.

Each eligible person will receive 4 checks of \$6 each for a total of \$24.

With questions about the application, please call the Office of Aging Monday through Friday at 355-6716 or email [aging@centrecountypa.gov](mailto:aging@centrecountypa.gov)

Thank you,

*Sandy*

Sandy Schuckers  
Centre Count Office of Aging

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

Email: [aging@centrecountypa.gov](mailto:aging@centrecountypa.gov)

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

**2021 Application Form**

To qualify you must be 60 or older (or turn 60 by 12/31/2021) and meet the household income guidelines.

**RIGHTS AND RESPONSIBILITIES**

I certify that the information I have provided below 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: \$23,828 for 1 person in the household; or \$32,227 for 2 people in the household and that I am 60 years old or older (or will turn 60 by December 31, 2021).**

1<sup>st</sup> 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 you live in \_\_\_\_\_

Please circle the most 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

If more responses are received than funding allows you will be notified by mail.

Please **mail** or **email** your completed form before September 15, 2021 to: FMV c/o Centre County Office of Aging  
420 Holmes St., Room 245  
Bellefonte, PA 16823

Please see back for USDA Nondiscrimination Statement

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

Email: [aging@centrecountypa.gov](mailto:aging@centrecountypa.gov)

### **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](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Please see back for USDA Nondiscrimination Statement