

Bucks County Area Agency on Aging
2020 Senior Farmers Market Produce Vouchers

Due to Covid-19, farmers market produce vouchers will be mailed directly to the home this year. As in prior years, each eligible person will be provided with four vouchers. However, for 2020 the value of each value has been increased to \$6, allowing for a total benefit of \$24 per person. Due to the social distancing practices necessitated by the COVID-19 pandemic, vouchers will be applied for, and distributed, as described in the following procedure.

- A person who wishes to receive vouchers must complete a written application.
- All information (including street address, county, race and ethnicity) must be completed in order for the application to be approved.
- The applicant's name must be both printed and signed.
- Applications must be sent to the Area Agency on Aging.
- The Agency will mail vouchers within two weeks of receiving an application.
- Two applicants living in the same household use one application.
- All applications are due by September 16th.
- No vouchers will be mailed after September 30th.
- Vouchers can be redeemed without the need for a proxy form.

The 2020 household income eligibility is:

1 person - \$23,606	4 people - \$48,470	7 people - \$73,334
2 people - \$31,894	5 people - \$56,758	8 people - \$81,622
3 people - \$40,182	6 people - \$65,046	

Applications are available at <http://www.buckscounty.org/government/HumanServices/AAA> or by calling 267-880-5700.

Completed applications must be mailed, emailed or faxed to:

Bucks County Area Agency on Aging

30 E Oakland Ave.

Doylestown, PA 18901

[Email: AAAVouchers@buckscounty.org](mailto:AAAVouchers@buckscounty.org)

Fax: 215-348-9253

For office use only
Application _____

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

2020 Application Form

To qualify you must be 60 or older (or turn 60 by 12/31/2020) 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: \$23,606 for 1 person in the household; or \$31,894 for 2 people in the household and that I am 60 years old or older (or will turn 60 by December 31, 2020).

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 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 Native Hawaiian or other Pacific Islander	Asian White	Black or African American

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

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