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

2008 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.

Eligibility Requirements: Aged 60 by 12/31/08 MUST live in Bucks County

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

2007 Household Income: $ 19,240 (1 person) $ 25,900 (2 people)
$ 32,560 (3 people) $ 39,220 (4 people)
$ 45,880 (5 people) $ 52,540 (6 people)

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: _____ Date: _____
First Middle Last

Address: _____ Apt. No.:_____

Zip Code: _____ Telephone Number: _____ Birth Date: ____/____/_____.
Month/Day/Year

Ethnicity (please circle one): Hispanic or Latino Not Hispanic or Latino

Race (please circle one): American Indian/Alaskan Native Asian Black/African American
Native Hawaiian/Other Pacific Islander White

Proxy Name: _____ Date: _____

Address: _____

*****PROXY MUST BRING ID FOR SELF & PARTICIPANT TO RECEIVE VOUCHERS****

I hereby acknowledge with my signature that I am a Bucks County resident, I am 60 years or older and my household income is within the income guidelines for participation in SFMNP.

Participant's Signature: _____

Proxy Signature: _____

Check numbers Received: _____, _____, _____, _____