

How to Apply for Farmers

Market Checks

- ❑ During the pandemic most distribution of checks is happening by mail
- ❑ You must send Generations of Indian Valley the completed application (page 3 of this document) by mail, fax, or email; e-signatures in *script font* will be accepted
- ❑ Checks will be mailed to you once the completed application is received

Mail: Generations of Indian Valley
259 North Second Street
Souderton, PA 18964

Email: efilice@generationsofiv.org

Call **215-723-1930** for help with the application.

You do not need to return this page with your application.

FMNP and SFMNP Basic Rules and Regulations

- ❑ FMNP checks cannot be used before June 1, 2021 or after November 30, 2021.
- ❑ FMNP customers may buy only fruits and vegetables grown in Pennsylvania.
- When using checks recipients must sign in the “Signature Recipient or Proxy” section on the front lower right corner of the checks. Do not sign on the back. Do this before going to the market.
- ❑ At the market look for stands displaying the white Farmers Market Nutrition Program poster.
- ❑ Each check is worth \$6. Farmers are not permitted to give change for purchases of less than \$6.
- ❑ Program recipients may place orders online with FMNP approved farmer; however, you must pay with your paper FMNP checks. A proxy may go to markets to make the purchase for you.

Market information

To find a farmer’s market or farm stand with eligible farmers please download the PA FMNP app (available in the Google Play store and the Apple Store for free). Search for PA FMNP farmers market locator and download the app, or go to www.pafmnp.org to search for online farmers market and farm stand. You can also call Montco Hunger Solutions at 610-628-2000.

For markets with phone numbers please contact for changes to operating hours before visiting.

**** Note:** Program recipients are encouraged to practice social distancing and wear masks at markets and stands.

List of eligible fruit and vegetables

Fruit

Apples	Apricots	Berries	Cherries	Grapes	Nectarines	Melons	Plums	Pears	Peaches
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Vegetables

Artichokes	Asparagus	Beans (fresh)	Beets	Broccoli	Brussels sprouts	Cabbage	Cauliflower	Celery	Corn	Cucumbers	Eggplant	Greens	Kohlrabi	Leeks	Lettuce	Mushrooms	Peppers	Potatoes	Peas	Okra	Parsnips	Onions	Radishes	Rhubarb	Rutabagas	Spinach	Sweet	Potatoes	Tomatoes	Turnips	Winter	Squash	Yams grown in PA	Zucchini
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No actual plants are permitted for purchase only the mature fruit and/or vegetable is allowable for purchase with the FMNP checks.

Fresh cut herbs are allowed if they are used for cooking or flavoring

- ❑ Processed food is not allowed for purchase with FMNP Checks. Jack-o-lanterns are not allowable
- ❑ Citrus or tropical fruits are not allowed for purchase with FMNP checks.

Nutrition Education

Nutrition information on basic nutrition, shopping, cooking and food safety can be found at www.nutrition.gov. The website also contains many different recipes.

For office use only:

RETURN THIS PAGE

Application Number: _____

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).

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 check the most appropriate identifier for each. You must check both ethnicity and race.

- 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 30, 2021 to:

Mail:
Generations of Indian Valley
259 North Second St.
Souderton, PA 18969

Email: efilice@generationsofiv.org
Questions? 215-723-1930

Please see back (next page) for the nondiscrimination statement

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, 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.