# How to Apply for Farmers Market Checks

- Please send Generations of Indian Valley the completed application (page 3 of this document) by mail or email
- Mail Application to:
   Emily Filice
   259 N. Second Street
   Souderton, PA 18964
   Or email to efilice@generationsofiv.org
- 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 and SFMNP checks cannot be used before June 1, 2024 or after November 30, 2024.
- FMNP customers may buy only fruits, vegetables and herbs grown in Pennsylvania
- Recipients must sign in the "Signature Recipient or Proxy" block on the front of the checks. Do this before going to the market or take a pen with you.
- At the market look for stands displaying the white Farmers Market Nutrition Program poster.
- Each check is worth \$10. Farmers are not permitted to give change for purchases for less than \$10.
- 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 Market Locator app. The app is available in the Google Play store and the Apple Store for free. Search for PA FMNP farmers market locator and download the app.

For markets with phone numbers, please contact them 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

F	ruit	
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Apples	Berries	Grapes	Melons	Pears
Apricots	Cherries	Nectarines	Plums	Peaches

### Vegetables

Artichokes	Cauliflower	Leeks	Parsnips	Tomatoes
Asparagus	Celery	Lettuce	Onions	Turnips
Beans (fresh) Beets Broccoli Brussels sprouts Cabbage	Corn Cucumbers Eggplant Greens Kohlrabi	Mushrooms Peppers Potatoes Peas Okra	Radishes Rhubarb Rutabagas Spinach Sweet Potatoe	Winter Squash Yams grown in PA Zucchini Microgreens es Fresh Garlic

### <u>No</u> actual plants are permitted for purchase only mature fruits and vegetables are allowable for purchase with the FMNP checks.

- 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, nutrients in foods, and food safety can be found at <a href="https://www.nutrition.gov/">https://www.nutrition.gov/</a> The website also contains many different recipes.

<sup>\*\*\*</sup>Fresh cut herbs are allowed if they are used for cooking or flavoring



### SEASONAL PRODUCE CALENDAR

PAPREFERRED.COM

Use this quick reference guide to know what fruits and vegetables are in season (and at their most delicious and nutritious) in Pennsylvania!

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<b>₩</b> Cold Storage	Jan.	Feb.	Mar.	Apr.	May	3	July	Aug.	Se	Oct.	N Ş	Dec.
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Fresh Picked Cold Storage	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	No.	Dec.

For office use only	
Application	

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

### 2024 APPLICATION FORM

To qualify, you must by 60 or older (or turn 60 by 12/31/2024) and meet the household income guidelines.

#### **RIGHTS AND RESPONSIBILITIES**

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. By signing this, I acknowledge that my total household income is within the Income guidelines: \$27,861 for 1 person in the household; or \$37,814 for 2 people in the household and that I am 60 years old or older (or will turn 60 by 12/31/2024).

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2nd Participa	nt Name (print):			Birt	h Date
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Telephone Nu	ımber:			County of resi	dence:
☐ I will/have	watched the "M	y Plate for Older Adults" v	video prior to redee	eming my SFMNP	vouchers.
Please circle a	appropriate ident	ifier for each:			
Ethnicity:	Hispanic or Lat	ino	Not Hispanic or La	tino	
Race:	American India	n or Alaskan Native	Asian	Black or Af	rican American
	Native Hawaiia	n or other Pacific Islande	r White		
Check Range:			(Offic	ce Use Only)	

### **USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: <a href="https://www.usda.gov/sites/default/files/documents/ad-3027.pdf">https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</a>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.