

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

Mail: SHARE - Montco Hunger Solutions

2901 West Hunting Park Ave.

Philadelphia, PA 19129

Email: infomhs@sharefoodprogram.org

Fax: 610-968-1777



Call **610-628-2400** for help with the application or to find other food assistance

FMNP and SFMNP Basic Rules and Regulations

- FMNP checks cannot be used before June 1, 2020 or after November 30, 2020.
- FMNP customers may buy only the fruits and vegetables 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.
- 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 for 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 our online farmers market and farm stand database. You can also call Montco Hunger Solutions at 610-628-2400.

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

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

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.

To find out if you qualify for other **free food**
visit www.MontcoHunger.Solutions or call **610-628-2400**

For office use only:

Application Number: _____

**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 check 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, email, or fax your completed form before September 30, 2020 to:

Mail:

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Philadelphia, PA 19129

Email: infomhs@sharefoodprogram.org

Fax: 610-968-1777

Questions? Call 610-628-2400

This institution is an equal opportunity provider.