

Form 502022 Outreach Flyer



Household Size	Annual	Monthly	Weekly
1	\$19,578	\$1,632	\$377
2	\$26,572	\$2,215	\$511
3	\$33,566	\$2,798	\$646
4	\$40,560	\$3,380	\$780
5	\$47,554	\$3,963	\$915
6	\$54,548	\$4,546	\$1,049
7	\$61,542	\$5,129	\$1,184
8	\$68,536	\$5,712	\$1,318
For each add'l household member, Add...	\$6,994	\$583	\$135

FREE FOOD FOR SENIORS

Commodity Supplemental Food Program – PA SENIOR FOOD BOX PROGRAM

What do you need to know to be eligible?

If you are 60 years of age or older. If your total household income is below 130%.

What will you receive in the food box?

FRUITS & JUICES..... 1 juice & 3 fruits or 1 juice, 2 fruits, 1 raisin
 VEGETABLES.....8 vegetables or 6 vegetables & dehydrated potatoes
 CHEESE..... 2-pound block
 MILK..... 2 UHT milk – 32 oz each
 MEAT, POULTRY & FISH..... 1 beef or 1 chili & 1 poultry or fish
 PLANT-BASED PROTEIN3 peanut butter, canned beans, dry beans, or lentils
 CEREALS2 dry, farina, rolled oats or grits
 PASTA & RICE..... 2 pasta or white/brown rice

What information will you need at registration?

Verification of Identification - Must Include Date of Birth & Current Address

NOTE: if you have additional people in your household you will need to know their monthly income, birth date and of course name for each additional person.

Where do you get more information?

Insert number, extension if applicable

The Non-Discrimination Statement is on the back. Please turn over.

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, audiotope, 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: [USDA Program Discrimination Complaint Form Instructions](#), 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.