

# Form 502022 Outreach Flyer



## 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%.

| 2022-23 CSFP Income Guidelines – Elderly 130% of Poverty |          |         |         |
|--|----------|---------|---------|
| Household Size   | Annual   | Monthly | Weekly  |
| 1  | \$17,667 | \$1,473 | \$340   |
| 2  | \$23,803 | \$1,984 | \$458   |
| 3  | \$29,939 | \$2,495 | \$576   |
| 4  | \$36,075 | \$3,007 | \$694   |
| 5  | \$42,211 | \$3,518 | \$812   |
| 6  | \$48,347 | \$4,029 | \$930   |
| 7  | \$54,483 | \$4,541 | \$1,048 |
| 8  | \$60,619 | \$5,052 | \$1,166 |
| For each add'l household                                 | \$6,136  | \$512   | \$118   |

#### 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 PROTEIN .....3 peanut butter, canned beans, dry beans, or lentils
- CEREALS .....2 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?

*Sarah Johnson 215-781-2661 x406*

### **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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.