

CSFP Form 302022 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%.

| 2021-22 CSFP Income Guidelines – Elderly 130% of Poverty | | | |
|--|----------|---------|---------|
| Household Size | Annual | Monthly | Weekly |
| 1 | \$16,744 | \$1,396 | \$322 |
| 2 | \$22,646 | \$1,888 | \$436 |
| 3 | \$28,548 | \$2,379 | \$549 |
| 4 | \$34,450 | \$2,871 | \$663 |
| 5 | \$40,352 | \$3,363 | \$776 |
| 6 | \$46,254 | \$3,855 | \$890 |
| 7 | \$52,156 | \$4,347 | \$1,003 |
| 8 | \$58,058 | \$4,839 | \$1,117 |
| For each additional household member, add: | \$5,902 | \$492 | \$114 |

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?

724-580-7001

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, 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.

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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.

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