



Children (0-17) _____
Adults _____
Seniors (60 and up) _____

Bureau of Food Assistance
State Food Purchase Program (SFPP)

"Self Declaration of Need"

Effective July 1, 2024 to June 30, 2025

Recipient Name

Agency Representative Signature Date

Recipient County

Distribution Site Name Number

Recipient Zip Code

Distribution Site Location

Pennsylvania's State Food Purchase Program (SFPP) is operated in accordance with United States Department of Agriculture (USDA) policy, which prohibits discrimination on the basis of race, color, national origin, sex (including gender identity or sexual orientation), age, disability, or reprisal or retaliation for prior civil rights activity. Eligibility is based upon the income guidelines listed below. The recipient circles the entire line that applies to their Household Size, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

Income Determination for SFPP: Pursuant to PA Act 27 of 2024, 100% of a veteran's service-connected disability benefit payment may NOT be included as income for any Commonwealth program. This exclusion shall also apply to an unmarried surviving spouse upon the death of a veteran for any compensation or payment the unmarried surviving spouse is entitled to receive. Please exclude this benefit amount from your total household income when completing this form.

Total Household Income (based on 185% of Poverty)							
Household Size							
Circle One		Annual		Monthly		Weekly	
1	\$	27,861	\$	2,322	\$	536	
2	\$	37,814	\$	3,151	\$	728	
3	\$	47,767	\$	3,981	\$	919	
4	\$	57,720	\$	4,810	\$	1,110	
5	\$	67,673	\$	5,640	\$	1,302	
6	\$	77,626	\$	6,469	\$	1,493	
7	\$	87,579	\$	7,299	\$	1,685	
8	\$	97,532	\$	8,128	\$	1,876	
For each additional family member add:		\$	9,953	\$	830	\$	192

By signing below, I declare that my income from all sources does not exceed the income listed above for households with the same number of people as my household. I also certify that, as of today, my household lives in the area served by Pennsylvania in the State Food Purchase Program. This certification form is being completed in connection with the receipt of State assistance. I understand that these records will be held in confidence at this distribution site but may be released to the Pennsylvania Department of Agriculture for review upon their request.

Recipient Signature

Date



Return completed form to your designated county agency. If you are unsure of the correct agency, please call the Bureau at 1-800-468-2433.

THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR AN IMPORTANT USDA NON-DISCRIMINATION STATEMENT

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, 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: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 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.

**State Food Purchase Program
Pennsylvania SFPP Proxy Form**

Date _____

I _____ hereby authorize _____ to pick up my
SFPP Food Package and deliver it to me.

Client Signature

Proxy Signature

Pantry Representative

☐ Proxy ID Verified