

**Senior Farmers' Market Nutrition Program
Proxy Form**

The Senior Farmers' Market Nutrition Program (SFMNP) provides fresh fruit and vegetables to lower-income seniors with the goal of improving their health and nutritional status. It also supports local farming by increasing the use of farmers markets and roadside stands.

Seniors are encouraged to be active participants in redeeming their checks and choosing the fresh produce they will buy. If the senior is unable to fully participate in any part of the program due to disability or lack of transportation, they may designate by this proxy form a representative to participate on their behalf.

Senior Participant Information

Name of Senior Participant: _____

Participant Mailing Address: _____

City: _____ Zip code: _____

Phone: _____ Birth date: _____ / _____ / _____

Proxy Information

Name of Representative / Proxy: _____

Mailing Address: _____

City: _____ Zip code: _____

Phone: _____

By signing this form, you appoint the above named representative to represent your interests in the SFMNP. This can include signing the affidavit for eligibility, being issued benefits, receiving nutrition education, and redeeming benefits.

Senior Participant Signature

Date

If the senior applicant/participant is unable to sign and has a Durable Power of Attorney or Guardianship in effect, please attach a copy to this document.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.