

Senior Farmers Market Nutrition Program Proxy Form

Name of senior: _____ Birth date: _____

Address: _____

City: _____ Zip code: _____ County: _____

Phone: _____

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.

Name of representative: _____

Address: _____

City: _____ Zip code: _____ County: _____

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 checks, receiving nutrition education, and redeeming checks.

Senior Participant Signature

Date

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

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