



Senior Farmers' Market Nutrition Program

Designating a Proxy Representative

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 buy. If you are unable to fully participate in any part of the program due to disability or lack of transportation, you may designate a representative to act on your behalf.

Senior Participant Information

Name of Senior Participant: _____

Participant Mailing Address: _____

City: _____ Zip code: _____

Phone: _____ Date of Birth: _____

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 Application for Eligibility, being issued benefits, receiving nutrition education, and redeeming benefits. (If the senior applicant is unable to sign and has a Durable Power of Attorney or Guardianship in effect, please attach a copy to this document.)

Senior Participant Signature

Date