



Senior Farmers' Market Nutrition Program 2019 Season

2019 SFMNP PROXY FORM

SFMNP participants are authorized to designate an individual to act as their authorized representative or "Proxy" to sign and receive a SFMNP check booklet and make purchases at Certified Farmers' Markets.

Participant Eligibility Requirements:

- ✓ I certify that I am at least 60 years of age or older.
- ✓ I certify that my annual income does not exceed 185% of poverty level.
- ✓ I certify that I have not already received a 2019 SFMNP check booklet.

This Proxy Form designates:

I _____ (senior participant) hereby designate
_____ (proxy name) as my authorized SFMNP representative.

Senior Participant Name: _____ Date: _____
Signature: _____

The participant has been assigned the following check booklet from **PSA 010**

Assigned proxy has received **check booklet #** _____