Senior Farmers' Market Nutrition Program – Senior Participant Self Certification Log

Form 1.2.4. (Rev. 04.2025) State of California California Department of Food and Agriculture Office of Grants Administration



Senior Participant Self Certification Log - ____

Season

P	SA No:	Date:	Distribution Location:	Provider:	
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I SELF-CERTIFY:

- ✓ I am at least 60 years of age or older.
- ✓ My annual income does not exceed 185% of poverty level. (please see chart provided)
- ✓ I have not already received a SFMNP Farmers' Market Card for the current year.
- ✓ I have been advised of my Rights and Responsibilities, Nutrition Education, and Nondiscrimination Statement under the SFMNP.

Last 4 Digits of Card Number	Print <u>Participant Name</u> (NOT Proxy Name)	Participant/Proxy <u>Signature</u> (Proxy must fill out Proxy form)