



California Department of Food and Agriculture
 Senior Farmers' Market Nutrition Program (SFMNP)
SFMNP Check Issuance Log

PSA:	Site Location:	Provider:
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I SELF CERTIFY:

1. That I'm at least 60 years of age and my income meets the requirements for receiving the SFMNP checks.
2. I have not previously received a 2011 SFMNP Check Booklet and have been advised/understand my rights and obligations under the SFMNP.

Issue Date	Check Booklet Number	Print Participant Name <i>(NOT Proxy Name)</i>	SFMNP Participant or Designated Proxy Signature <i>*If Proxy - fill out proxy form first</i>	Ethnic Category Hispanic/Latino <i>(Yes or No)</i>	Race Category Select one or more <i>(See chart below)</i>	Received Nutrition Education Materials <i>(Yes or No)</i>

SFMNP Participants, Please choose one or more Racial Category.

If you selected Hispanic/Latino for your Ethnic Category, you still need to select the letter that best describes your Racial Category.

Race Category Chart	
A	American Indian or Alaskan Native – Person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
B	Asian – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
C	African American – Persons having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
D	Native Hawaiian or Other Pacific Islander – Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
E	Caucasian – Persons having origins in any of the original peoples of Europe, Middle East, or North Africa.