



California Department of Food and Agriculture
Senior Farmers' Market Nutrition Program

SFMNP Proxy Form

INSTRUCTIONS:

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.

PROXY FORM:

Participant Eligibility Requirements:

1. I certify that I am at least 60 years of age or older.
2. I certify that my annual income does not exceed 185% of poverty level.
3. I certify that I have not already received a 2011 SFMNP check booklet.

This Proxy Form designates:

_____, as my authorized SFMNP representative.
(print proxy name)

Participant Signature _____ Date _____

The participant has received check booklet number _____

Local Agency Signature _____ *Date* _____

PLEASE SUBMIT BY SEPTEMBER 30TH FOR CDFA'S RECORDS:

Federal Funds Management Office, Attn: SFMNP, 1220 N Street, Room 120, Sacramento, CA 95814

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