

**2022 Kansas Seniors Farmers Market Nutrition Program  
Proxy Form**

I, \_\_\_\_\_ (print senior participants name) hereby appoint:

Proxy Name: \_\_\_\_\_

Proxy Home Address: \_\_\_\_\_

Proxy Telephone Number: \_\_\_\_\_

(Print proxy name, home address and telephone number)

As my Kansas Seniors Farmers Market Nutrition Program (KSFMNP) proxy. This proxy shall take effect only when and if I am unable to conduct my own KSFMNP transactions. The authorized representative I have listed above is granted permission to act on my behalf, including application for benefits, participation in nutrition education, receipt of KSFMNP checks or other benefits and use of KSFMNP checks at authorized outlets.

I, \_\_\_\_\_ (Print proxy name) at the discretion of the local distribution agency for the KSFMNP, may be allowed to conduct KSFMNP transactions for: \_\_\_\_\_ (senior participant name)

I understand that I must follow all KSFMNP rules including, but not limited to:

- Never exchanging checks for cash
- Never receiving cash change for purchases that are in the amount less than the value of the KSFMNP checks
- Redeeming checks only with KSFMNP certified farmers
- Using checks to purchase only fresh, nutritious, unprepared, locally grown fruits, vegetables, herbs, and honey for human consumption
- Spending checks no later than November 1, 2022
- All eligible food purchased with SFMNP checks must be returned to the eligible senior
- Misuse of KSFMNP checks is against the law and offenders may be subjected to civil or criminal prosecution under State and Federal law

Senior Participant Signature: \_\_\_\_\_

Proxy Signature: \_\_\_\_\_

Local Agency Signature: \_\_\_\_\_

Name of Check Distribution Site: \_\_\_\_\_

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- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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