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: _________________________________________________
USDA Nondiscrimination Statement

In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to the USDA by:

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.

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