

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 coupons or other benefits and use of KSFMNP coupons 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 coupons for cash
- Never receiving cash change for purchases that are in the amount less than the value of the KSFMNP coupon
- Redeeming coupons only with KSFMNP certified farmers
- Using coupons to purchase only fresh, nutritious, unprepared, locally grown fruits, vegetables, herbs, and honey for human consumption
- Spending coupons no later than November 1
- All eligible food purchased with KSFMNP coupons must be returned to the eligible senior
- Misuse of KSFMNP coupons 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 Distribution Site: _____ Jayhawk Area Agency on Aging

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.