

# 2025 Kansas Senior Farmers Market Nutrition Program (KSFMNP)

## Proxy Instructions

Seniors may appoint someone else (Proxy) to pick-up their coupons for them. The proxy form is for a senior who is unable to shop for themselves, due to disability or lack of transportation and must designate someone to assist them with using their KSFMNP benefits on their behalf.

A **Proxy** means an individual authorized by an eligible senior to act on the senior's behalf, including receipt of KSFMNP coupons and use of KSFMNP coupons at authorized outlets, as long as the KSFMNP benefits are ultimately received by the eligible senior.

**The Proxy Form must be completed in full, signed by both the eligible senior and the Proxy (the person designated to pick up the coupons) and brought to the distribution site.**

Those individuals serving as a proxy must be able to complete the State of Kansas KSFMNP application and sign it on behalf of the applicant.

The designated proxy **must be able to provide the required information** (below) on the KSFMNP application:

- Applicant's Legal Name
  - Applicant's Phone Number
  - Applicant's Birthdate
  - Applicant's Address with zip code
  - Check the boxes, that the applicant is **60 years of age or older** and their gross income is 185% of the Federal Poverty Level (*Income before deductions for Income Taxes, Employees' Social Security Taxes, Medicare, Insurance Premiums, Bonds and so forth*)
- Or**

The applicant is **55 years of age or older and a member of a federally recognized Indian Tribal Organization AND** has an income at or below 185% of the federal poverty guidelines.

- **The applicant has not** already received KSFMNP checks from this agency or any other agency for the 2025 market season.
- **Print clearly the applicant's name and sign the applicant's name as proxy.**

**Incomplete or unsigned Proxy Form will not be accepted.**

**Distribution of KSFMNP coupons will not occur until all required information is provided.**

## 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](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.



## Kansas Seniors Farmers Market Nutrition Program Proxy Form

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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

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

**Proxy Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Local Agency Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Coupon Distribution Site:** \_\_\_\_\_