

SFMNP PROXY FORM 2019
New Jersey Department of Health
Senior Farmers' Market Nutrition Program

Participant Name: _____ **Date:** _____ 2019

Address: _____ NJ _____

Telephone Number: _____
Area code

Proxy Name: _____ **Date:** _____ 2019

Address: _____

Form of ID presented: _____

A person designated as a proxy must present acceptable personal identification and the participant's completed application, and eligibility documents.

Signature of **Participant**

Signature of **Proxy**

***** PLEASE RETURN THIS FORM WITHIN 15 DAYS OF SIGNING TO: YOUR LOCAL COUNTY OFFICE ON AGING**

***ONE (1) PROXY MAY REPRESENT A MAXIMUM OF THREE (3) ELIGIBLE PARTICIPANTS.**

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights law 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, audiotope, 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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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 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.

This institution is an equal opportunity provider.