

**PROXY FORM**

Form 1.2.10. (Rev. 03.2020)

State of California

California Department of Food and Agriculture

Office of Grants Administration



**SFMNP PROXY FORM**

*SFMNP participants are authorized to designate an individual to act as their authorized representative or “Proxy” to sign and receive a SFMNP check booklet and make purchases at Certified Farmers’ Markets.*

**Participant Eligibility Requirements:**

I certify that,

- ✓ I am at least 60 years of age or older.
- ✓ My annual income does not exceed 185% of poverty level.
- ✓ I have not already received SFMNP Food Benefits for the current year.

**This Proxy Form designates:**

I \_\_\_\_\_ (senior participant) hereby designate  
\_\_\_\_\_ (proxy name), as my authorized SFMNP representative.

Senior Participant Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

**Local Agency Use Only:**

The participant has been assigned the following check booklet from **PSA** \_\_\_\_\_.

- ✓ Assigned proxy has received **check booklet #** \_\_\_\_\_

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**Formulario de representante \_\_\_\_\_**

*Los participantes están autorizados a designar una persona para que actúe como su representante autorizado para firmar o recibir una libreta de cheques SFMNP y realizar compras en los Mercados de Granjeros Certificados.*

**Requisitos de elegibilidad del participante:**

- ✓ Certifico que tengo 60 años o más.
- ✓ Certifico que mi ingreso anual no excede el 185% del nivel de pobreza.
- ✓ Certifico que no recibí una libreta de cheques de SFMNP \_\_\_\_\_ para la temporada.

**Este formulario de representante designa a:**

I \_\_\_\_\_ (Nombre del participante) designado

\_\_\_\_\_ (Nombre representativo), como mi representante autorizado para SFMNP.

Nombre del participante \_\_\_\_\_ Fecha \_\_\_\_\_

Firma \_\_\_\_\_

Al participante se le ha asignado el siguiente folleto de verificación de **PSA** \_\_\_\_\_.

- ✓ El proxy asignado ha recibido el folleto de verificación \_\_\_\_\_