## CHECK ISSUANCE LOG

Form 1.2.4. (Rev. 05.2021) State of California California Department of Food and Agriculture Office of Grants Administration



Senior Participant Check Issuance	Log -	·	Season
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PSA No: Date: Distribution Location: Provider:	
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## I SELF-CERTIFY:

- ✓ I am at least 60 years of age or older.
- ✓ My annual income does not exceed 185% of poverty level. (please see chart provided)
  ✓ I have not already received a SFMNP Check Booklet or Food Benefit for the current year.
- ✓ I have been advised of my Rights and Responsibilities, Nutrition Education, and Nondiscrimination Statement under the SFMNP.

Issue Date	Booklet Number	Print <u>Participant Name</u> (NOT Proxy Name)	Participant/Proxy <u>Signature</u> (Proxy must fill out Proxy form)	Ethnic Category: Hispanic/Latino (Yes or No)	Race Category: (Indicate value) Chart: 1 5	Materials Accessible? (Yes or No)