

CERTIFICATION BY PARTICIPANT

I have been advised of my rights and obligations for use of Senior Project FRESH coupons. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. I am aware that I cannot receive farmers' market benefits from more than one state, more than one local agency or program model (check, coupon or CSA). This application is being submitted in connection with the receipt of Federal assistance (Senior Project FRESH). Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. Standards for eligibility and participation in the Michigan Senior Project FRESH program are the same for everyone, regardless of race, color, national origin, age, disability or sex. I understand that I may appeal any decision made by the local agency regarding my eligibility for the Michigan Senior Project FRESH program. I certify I meet the 2007 household size and income guidelines provided by the state and that I am eligible to receive Michigan Senior Project FRESH benefits.

Signature of Participant

Date

Signature of Staff/volunteer

Date

Do you or any adult household members have:

- Diabetes Arthritis Osteoporosis Cancer Asthma
- COPD Obesity (more than 15 lbs overweight) High Blood Pressure
- Heart Disease Other: Please list: _____

Are you participating in other food programs? YES NO If yes, please indicate all that apply:

- Commodities Local food bank Food stamps Emergency food (TFAP)
- Congregate meals Home Delivered Meals Other, please list: _____

Number of coupon books: _____ Coupon book numbers: _____

Applicant eligible? Yes given coupons Put on wait list
 No If no: denial sent to client Date: _____

“This institution is an equal opportunity provider and employer.”

PROXY for 2009 Senior Project FRESH

A proxy is a person only authorized to receive and/or redeem SFMNP coupons. A proxy should be at least 18 years of age and dependable for the duration of the program months of operation. In order for the coupons to be issued to a proxy, the proxy must be present identification as well as written approval from the participant. Proxies must sign the coupon book and the coupon register to receive coupons. Proxies have the same obligations to follow program guidelines when purchasing fruits and vegetables from an authorized farmer.

I, _____ authorize the following individual(s) to act as my proxy.
Participant signature

Assigned proxies: _____
1st proxy named

2nd proxy named