

MDHHS-6011, SENIOR PROJECT FRESH PROXY REQUEST

Michigan Department of Health and Human Services

(Revised 4-23)

Program Year _____

A proxy is a person only authorized to receive and/or redeem Senior Project Fresh coupons issued through MDHHS' Behavioral and Physical Health and Aging Services Administration's Senior Project Fresh (SPF) program. A proxy should be at least 18 years of age and dependable for the duration of the program season. For the coupons to be issued to a proxy, the proxy must present identification as well as written approval from the SPF participant. Proxies must be named on the application and proxy form and sign the coupon book holder to receive coupons. Proxies have the same obligations to follow program guidelines when purchasing SPF's program-permissible fruits and vegetables from an authorized farmer.

Note: The participant may have no more than two (2) proxies. A proxy cannot represent more than six (6) participants.

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

Participant signature

Assigned proxies

1st proxy named (First Name and Last Name)	2nd proxy named (First Name and Last Name)
--	--

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

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/ad-3027.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:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or

email: Program.Intake@usda.gov

This institution is an equal opportunity provider.