2023 Georgia Senior Farmers Market Nutrition Program (SFMNP) Program Registration, Proxy Designation and Affidavit of Income

Complete All Lines

First Name:	**Last Name:**	**Middle Initial:**
Mailing Address:	**City/State:**	**Zip Code:**
County:	**Email Address (Optional):**	**Phone Number:** ( ) -
Date of Birth: (mm/dd/yyyy)	**Sex:** □ **Male** □ **Female**	**Age:**
Ethnicity (Select One): □**Hispanic or Latino** □**Not Hispanic or Latino**	**Race (Check all that apply):** ☐ **American Indian or Alaskan Native** ☐ **Asian** ☐ **Black or African American** ☐ **Native Hawaiian or Other Pacific Islander** ☐ **White**	

Please complete all lines. A person designated as a proxy must present acceptable personal identification along with participant's completed application, and eligibility documents.

Proxy Name (if applicable):	Relationship to Participant:	Contact Number: ( ) -
Identification (ID) Presented (Check One): □ State ID or Driver's License Number □ Passport □ Military ID		
Proxy Signature:	Date:	

(Check a box corresponding to your <u>total</u> household income*)

□ $26,973 or less annually for a one-person household	□ $36,482 or less annually for a two-person household	□ $45,991 or less annually for a three-person household
□ $55,500 or less annually for a four-person household	□ $65,009 or less annually for a five-person household	□ $74,518 or less annually for a six-person household

*2023 Federal Poverty Guidelines

Georgia SFMNP Program Registration, continued.

I certify that I am at least 60 years of age; a resident of this service area; have not received coupons at any other location; and total household income requirements are met. I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. 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.

I_____**(print name),** the undersigned participant certify that I have received training in the policies and procedures of the Georgia Senior Farmers Market Nutrition Program. By signing this document, I agree that I understand the materials and know whom to contact if I have a question or complaint.

Participant Signature: _____ **Date:**_____

The statement at the beginning of this form must be ready by or read to all participants upon completion of the training in SFMNP procedures and prior to receipt of any SFMNP food instruments. This process has been conducted per guidelines.

Program Coordinator Signature: _____

(Site Manager or Wellness Coordinator)

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, audiotape, 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: https://www.usda.gov/oascr/filing-program-discrimination-complaint-usda-customer 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.

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