

**NEW JERSEY DEPARTMENT OF HEALTH
SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)**

Alternate Authorized Representative Form

- You can give permission to another person to act on behalf of you and your family with the Senior Farmers' Market Nutrition Program.
- This person is called an **Alternate Authorized Representative**. (In the past we called this person a "Proxy".)

You will need to give signed permission to your Alternate Authorize Representative and they will need to agree to follow the Rights and Obligations of the SFMNP.

<u>SFMNP Authorized Representative Statement</u>	
I, _____, DOB _____	
Name of Authorized Representative/Participant	
designate, _____ to act on behalf of myself and	
Name of Alternate Authorized Representative	
my family in matters concerning my enrollment and benefits of the Senior Farmers' Market Nutrition Program.	
_____	_____
Signature of Authorized Representative/Participant	Date

<u>SFMNP Alternate Authorized Representative Statement</u>	
I agree to act on behalf of _____ and will comply with all the rules and policies of the Senior Farmers' Market Nutrition Program. I understand that I must present a valid form of identification at the Senior Local Agency.	
_____	_____
Signature of Alternate Authorized Representative	Date

SFMNP Alternate Authorized Representative Form

Non -Discrimination Statement

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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, Mail Stop 9410,
Washington, D.C. 20250-9410;

(2) **fax:** (202) 690-7442; or

(3) **email:** program.intake@usda.gov.

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