

**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 Program.	
_____	_____
Signature of Authorized Representative	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 Program. I understand that I must	
present a valid form of identification at the Senior Local Agency.	
_____	_____
Signature of Alternate Authorized Representative	Date

USDA Nondiscrimination Statement

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, etc.), 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: <http://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

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: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.