

**SENIOR FARMERS MARKET NUTRITION PROGRAM (SFMNP)  
REGISTRATION FORM - 2020**

Office on Aging Site: Bergen County Division of Senior Services Registration Date: \_\_\_ / \_\_\_ / **2020**

**(1) Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**Ethnicity**

**Check one box:**

- Hispanic  
 Non-Hispanic

**Race**

**Check one or more boxes:**

- American Indian or Alaskan Native  
 Native Hawaiian or Pacific Islander  
 Asian  
 Black or African American  
 White

**Date of Birth (1):** \_\_\_ / \_\_\_ / \_\_\_

**Check the services you receive**

- Food Stamp/SNAP  
 Medicaid

**(2) Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

*(Spouse registering for SFMNP)*

**Ethnicity**

**Check one box:**

- Hispanic  
 Non-Hispanic

**Race**

**Check one or more boxes:**

- American Indian or Alaskan Native  
 Native Hawaiian or Pacific Islander  
 Asian  
 Black or African American  
 White

**Date of Birth (2):** \_\_\_ / \_\_\_ / \_\_\_

**Check the services you receive**

- Food Stamp/SNAP  
 Medicaid Card

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** Bergen **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email** \_\_\_\_\_

Please select your preference:

- I wish to receive Senior Farmers Market Nutrition Program vouchers and shop personally at a  
 USDA approved farmers market of my choice.
- I wish to receive a Farmers Pick (selection of assorted seasonal fresh produce picked by farmer)
- Please deliver to my door as I am homebound and unable to drive or go to a farmers market
- I can pick up at a drive through distribution site