Department of Agriculture and Markets

rev 4/22/25

New York State Senior Farmers' Market Nutrition Program
Participant Proxy Assignment

Participant Agreement:

I, (print participant name) _____

Give my permission to (proxy name) _____ for the explicit purpose of picking up my Senior Famers' Market Nutrition Program (SFMNP) coupon booklet, for which I have provided the attestation of my eligibility to agency staff.

Participant's Signature:_____ Date: _____

Proxy Agreement:

By signing as proxy, I am accepting the responsibility for receiving Federal assistance on behalf of the participant named above, and I will immediately return the SFMNP coupon booklet to them. I understand that failure to relinquish the coupons to the participant named above will be considered a fraudulent act. 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 benefit improperly issued and may subject me to civil or criminal prosecution under State and Federal Law.

Proxy Name (printed): _____

Proxy Signature: _____Date: _____

This proxy assignment is valid until revoked by the participant or by September 30, 2025.