



**Agriculture  
and Markets**

**KATHY HOCHUL**  
Governor

**RICHARD A. BALL**  
Commissioner

**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 2023 Senior Farmers' 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, 2023.***