Government of the United States Virgin Islands
Department of Agriculture
ST. CROIX: #1 Estate Lower Love, Kingshill, V.I. 00850 • T: (340) 778-0997 • F: (340) 778-0997
ST. THOMAS: #7944 Estate Dorothea, St. Thomas, V.I. 00802 • T: (340) 774-5182 • F: (340) 774-1823
ST. JOHN: #11 Estate Carolina, Coral Bay, V.I. 00830 • T: (340) 776-6274 • F: (340) 693-5065

Senior Farmers Market Nutrition Program

Proxy Designation Form

Purpose: To allow a designated alternate to receive food benefit issuance and nutrition education for an eligible participant of the Seniors Farmers Market Nutrition Program. The form must be signed by the participant.

Procedure: Complete the form.

1**. Name:** Enter name of participant.

2**. Print Proxy Name:** Enter name of proxy.

3**. Relationship to Participant:** Enter relationship to participant.

4. **Signature of Participant:** Signature of participant or legal guardian.

5. **Unique ID Number:** Enter participant's Unique ID number.

6. **Date:** Date of signature.

7. **Local agency signature:** The local agency personnel shall sign and date the form to verify the proxy is acceptable.

Issuance: When participant, parent or legal guardian requests a proxy or proxy change.

Disposition: Scan original in participant's record. Provide copy to proxy. If requested, provide a copy for the participant or legal guardian.

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I, _____, the participant of the SENIORS FARMERS MARKET NUTRITION PROGRAM, give permission for the following person to be my proxy in order to receive food Benefits including nutrition education on the value of eating locally grown food. I understand that I am responsible for all actions of the proxy on my behalf. I am responsible for assuring that s/he will follow all program rules. I understand that I will be held liable for all losses incurred by my proxy breaking program rules and / or laws.

_____

Print Proxy Name Relationship to Participant

Your proxy must bring this form and proof of his/her identification to pick up food benefits from the VI Department of Agriculture. If you would like to change your proxy, then you and your new proxy must return to complete another form.

_____

Signature of Participant Unique ID # Date

_____

Local Agency Representative Signature Date