

Participant Instruction Book



2007



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Nutrition Program

2007 Approved Foods

FRESH ONLY

ELIGIBLE FOODS

Apples	Garlic	Peas	Tomatoes
Beans, Lima	Ginger Root	Peppers, Bell	Turnip Greens
Beans, Snap	Grapes	Peppers, Hot	Watermelon
Beets	Horseradish	Peppers, Sweet	
Blueberries	Muscadines	Plums	
Cantaloupe	Mushrooms	Potatoes, Sweet	
Cabbage	Mustard Greens	Potatoes, White	
Carrots	Nectarines	Pumpkin	
Collards	Okra	Spinach	
Corn	Onions	Squash	
Cucumbers	Peaches	Strawberries	
Eggplants	Pears	(Any other Georgia grown fresh fruits and vegetables)	



INELIGIBLE FOODS

Dried Peas and Beans	Cooked Fruits and
Vegetables	
Honey	Baked Goods
Jelly	Herbs
Jam	Popcorn
Eggs	Plants
Nuts	Flowers
Seeds	Ornamental Corn
Processed Fruits and Vegetables	Non-foods (i.e. gasoline)

(Any other foods not produced on local farms or more than 25 miles outside GA border)

Check Procedures

- These checks are legal tender, however they may not be redeemed for cash.
- Each check will be worth \$4 of fruits and vegetables. No change will be given. You must sign the check in front of the farmer.
- Checks may only be used for approved foods, (see page 2).
- Report lost or stolen checks to the agency that gave you the checks. These checks will not be replaced.
- You must use your checks by September 15, 2007.
- These checks are for use at approved SFMNP in the state of Georgia only. Please see the list of approved farmers and farmers markets.
- Always look for the **Georgia Senior Farmers' Market Nutrition Program Sign** at a farmers market when using your SFMNP checks (see page 5).
- If you cannot shop for your self, you may send a proxy with your checks. To do this you must sign the proxy form on page 8.

GEORGIA DEPARTMENT OF HUMAN RESOURCES SENIOR FMNP	SOUTHERN NATIONAL BANK MARIETTA, GA	54-1998 611	XXXXXXXX
EXPIRES AUGUST 15, 2006 FARMER MUST REDEEM BY AUGUST 31, 2006			
PAY TO THE ORDER OF GEORGIA AUTHORIZED FARMERS		\$4	
FOUR DOLLARS AND		NO/100	
Good only for fresh fruits and vegetables. NOT GOOD AT GROCERY STORES. Valid only at Senior FMNP Authorized Farmers' Markets. For information, call 1-866-814-5468.			
 GEORGIA DEPARTMENT OF HUMAN RESOURCES SENIOR FARMERS' MARKET 2 Peachtree Street NW, Suite 10-476 Atlanta, GA 30303	AUTHORIZED FARMER NUMBER: _____		PAYMENT WILL BE DENIED WITHOUT GEORGIA AUTHORIZED FARMER STAMP.
	Senior Participant Signature _____		
⑆00000000⑆ ⑆061119684⑆ 2509222⑆			

Your Rights and Responsibilities

- It is illegal for any SFMNP participant or proxy representative to participate at multiple issuance sites or multiple FMNP in the same state. It is the responsibility of the participant/representative to ensure that dual participation does not occur.
- Where a significant number or proportion of the population eligible to be served needs information regarding participation in the SFMNP in a language other than English, reasonable steps must be taken to provide this information in the appropriate language(s).
- As a SFMNP participant in Georgia you have the right to complain about any aspect of the program.
- The first step is to talk with the representatives of the agency that you signed up with. A complaint form should be filed at this time and sent to the state office. Action on a complaint will begin within 48 hours of the time it was received.
- Your local agency representative will make every effort to resolve the complaint. If the complaint cannot be resolved by the local agency it must be submitted to the Division of Aging Services, Nutrition and Wellness Program.

Division of Aging Services
Nutrition and Wellness Programs
Suite 9-481 or 9-480
Atlanta, Georgia 30303-3142
404-657 5316 or 404-657-8779

- In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.
- To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

WE ACCEPT SENIOR FARMERS' MARKET NUTRITION PROGRAM CHECKS



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USDA is an equal opportunity provider and employer.”

Participant Evaluation

Client ID#: _____

County: _____

Agency Name: _____

Participant Age:

() 60-69 yrs () 70-79 yrs () 80-89 yrs () 90 and over

Race:

Ethnicity:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hispanic/Latino	
White	Black/African American	Asian	American Indian/Alaskan Native	Hawaiian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
					Yes	No

1. How did you find out about the Senior Farmers' Market Program (SFMNP)?

- () Area Agency on Aging () Senior Center
() Division of Aging () Senior High Rise
() Food Stamps Program () Radio
() Newspaper () WIC Program
() Other: _____

2. Did you shop at a farmers' market before you participated in the SFMNP?

Yes _____ No _____

3. How often did you shop at a farmers' market or roadside stand before participating in the SFMNP?

- () Never
() Less than once per month
() 1-2 times per month
() 3-4 times per month
() More than once per week

4. How far did you travel to get to a participating SFMNP Farmer?

- () Less than a mile
() 1 to 10 miles
() 11 to 15 miles
() 16 to 20 miles
() Over 20 miles

5. On a **typical day**, how many **servings of fruit** do you eat? (*Please check only one*)

None 1 2 3 4 or more

A serving is equal to:

1 medium piece of fresh fruit

½ cup of fruit salad

¼ cup of raisins, apricots or other dried fruit

6 oz. of 100% orange, apple or grapefruit juice

(Do **NOT** count fruit punch, lemonade, Gatorade, Sunny Delight or fruit drink)

6. On a **typical day**, how many **servings of vegetable** do you eat? (*Please check only one*)

None 1 2 3 4 or more

A serving is equal to:

1 medium carrot or other fresh vegetable

1 small bowl of green salad

¾ cup of vegetable soup

½ cup of fresh or cooked vegetables

(Do **NOT** count French fries, onion rings, potato chips, or fried okra)

7. Did you increase the amount of fresh fruits and vegetables you ate while participating in the SFMNP?

Yes _____ No _____

8. Do you live alone?

Yes _____ No _____

9. What did you like **LEAST** about the GSFMNP?

Hours of Operation of Farmers Market

Location of Participating Farmers

Variety of Food Choices

Other (*specify*): _____

10. What did you like **MOST** about the GSFMNP?

Hours of Operation of Farmers Market

Location of Participating Farmers

Variety of Food Choices

Other (*specify*): _____

9. Do you have any suggestions on how we can improve the SFMNP?

Proxy

Be it known, that I, _____, the undersigned participant in the Georgia Senior Farmers' Market Nutrition Program (SFMNP), here by appoint _____, as my representative for the purpose of the any allowable activities with in the SFMNP. This proxy singed, _____ (Date) replaces any other heretofore given.

Participant Signature: _____ Date _____

Proxy Signature: _____ Date _____

By signing this document I agree to abide by the rules of the SFMNP in Georgia and act in the best interest of the above-signed participant.

Witness Signature: _____ Date _____

Signature Page

I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. 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 benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Date: _____

I, _____, the undersigned participant certify that I have received training in the policies and procedures of the Georgia Senior Farmers' Market Nutrition Program. By signing this document I agree that I understand the materials and know whom to contact in the event that I have a question or complaint.

Participant Signature: _____

The statement at the beginning of this form must be read by or read to all participants upon completion of the training in SFMNP procedures and prior to receipt of any SFMNP checks or voucher. This process has been conducted per guidelines.

Program Coordinator/Representative Signature: _____

