



**BC Farmers Market Nutrition Coupon Program
Participant Enrollment**

| | | | |
|--|---------------------|---|--|
| Name: | | | |
| How Many People In Your Household Are: | | | |
| Pregnant? | Under 19 years old? | Senior/Elder | Total Number of People in Household |
| | | | |
| Are you Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No | | <i>If yes, are you:</i> <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit | |

I agree to be a part of the Farmers' Market Nutrition Coupon Program. I understand the program provides fresh, local food for those who face financial challenges. I understand that these coupons are for my family's personal use only.

_____ Sign here

_____ Date

Area(s) of Support

In what area(s) could you and your family benefit from while in the coupon program?

| Skill & Experience in Preparing Food | | Organization Skills & Experience | |
|--------------------------------------|--|----------------------------------|--|
| | Food preparation using utensils and appliances | | Preserving foods such as canning or freezing |
| | Following instructions in recipes | | Buying healthy food while on a budget |
| | Improvising with ingredients | | Buying and storing foods |
| Knowing about Nutritious Food | | | Planning healthy meals |
| | Information about food and nutrition | | More confidence making healthy meals |
| | How to read food labels | Personal & Social Factors | |
| | Where does food comes from | | More confidence buying healthy food |
| | Cooking food and storing it safely | | Connecting to other people in my community |
| | How shopping at a farmers' market impacts your community | | Feeling healthy and well |
| | Making healthy food | | |
| Other Area(s) of Support | | | |
| | | | |