



# BC FARMERS' MARKET NUTRITION COUPON PROGRAM

## Recipient Enrollment

---

### For Record-Keeping Only.

This form is for the records of the organization giving you the coupons. Information about your household will be shared with the BC Association of Farmers' Markets (BCAFM) **anonymously** (without your name).

### Coupon Recipient's Name:

### About Your Household

#### Including yourself, how many people in your household are:

Pregnant \_\_\_\_\_ Seniors/Elders \_\_\_\_\_ Under 19 years old \_\_\_\_\_

Total number of people in your household \_\_\_\_\_

#### Are you or anyone in your household Indigenous? (Optional)

First Nations       Métis       Inuit       Other

### Agreement

By signing below, I confirm that I am eligible to take part in the BC Farmers' Market Nutrition Coupon Program and agree to follow the program guidelines. I understand that:

- Coupons are meant for lower-income households
- I will only use the coupons for myself and my household
- I will not sell, trade, or give my coupons to anyone else
- I will only sign up for and receive coupons from one partner organization

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_