



# BC FARMERS' MARKET NUTRITION COUPON PROGRAM

Participant Enrollment



**NAME**

**EMAIL**

**PHONE NUMBER**

**PRONOUNS**

Including yourself, how many people in your household are:			
Pregnant?	Elder/ Senior?	Under 19 years old?	Total number of people in household?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Are you or anyone in your family Indigenous?**

☐ **YES**

☐ Prefer not to say

If yes:

First Nations

Métis

Inuit

I agree to be a part of the BC 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 or my own personal use only.

\_\_\_\_\_  
Sign here

\_\_\_\_\_  
Date



## AREA (S) OF SUPPORT

What would you like to learn more about as part of this program? Check all that apply.

### Skill & Experience in Preparing Food

- ☐ Food preparation using utensils and appliances
- ☐ Following instructions in recipes
- ☐ Improvising with ingredients

### Knowing about Nutritious Food

- ☐ Information about food and nutrition
- ☐ How to read food labels
- ☐ Where does food comes from
- ☐ Cooking food and storing it safely
- ☐ How shopping at a farmers' market impacts your community

### Organization Skills & Experience

- ☐ Preserving foods such as canning or freezing or dehydrating
- ☐ Buying healthy food while on a budget
- ☐ Buying and storing foods
- ☐ Planning healthy meals

### Personal & Social Factors

- ☐ More confidence buying healthy food
- ☐ Connecting to other people in my community
- ☐ Feeling healthy and well

### Other

