



# BC FARMERS' MARKET NUTRITION COUPON PROGRAM

## Participant Enrollment



*Disclosure:* This sheet is for the records of your coupon distributing partner only. Demographic data will be provided to the BCAFM anonymously.

### NAME

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### EMAIL

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### PHONE NUMBER

### PRONOUNS (OPTIONAL)

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

Pregnant?	Elder/ Senior?	Under 19 years old?	Total number of people in household?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Are you or anyone in your family Indigenous (optional)?

No     Yes

If yes:	<input type="checkbox"/> First Nations	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit	<input type="checkbox"/> Prefer not to say
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- 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.

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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

 [nutrition@bcfarmersmarket.org](mailto:nutrition@bcfarmersmarket.org)

 [bcfarmersmarket.org/coupon-program](https://bcfarmersmarket.org/coupon-program)

