

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? Under 19 years old? Total number of people in your household?

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

□ No  Yes

If yes, how many people in your household are Indigenous?

# Agreement

□ I confirm that I am eligible to participate in the BC Farmers’ Market Nutrition Coupon Program and agree to follow its guidelines. I understand that the coupons are intended to support low-income households, and I will use them only for myself or my household. I acknowledge that these coupons cannot be sold, traded, or transferred.

*By checking this box, I agree to the above and confirm my participation.*

**Signature: Date:**