

**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: SFMNP-3  
Effective Date: May 13, 2025

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**Functional Area: Sr Farmers Market Nutrition Program**

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**Subject: Designation of an Alternate Authorized Representative**

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**A. Policy**

1. A Senior Applicant to the NJ SFMNP can designate a trusted support person to represent them and act on their behalf in all phases of the NJ SFMNP.
2. In accordance with Federal Regulations, a person assigned to act on behalf of a Senior Applicant or Participant shall be referred to as the **Alternate Authorized Representative** (formerly referred to as the "Proxy").
3. Except in instances where the Senior Local Agency Coordinator allows otherwise, the **Alternate Authorized Representative** must be at least 16 years of age.
4. The Senior Applicant or Participant is responsible for any infractions committed by their **Alternate Authorized Representative**.

**B. Procedure**

1. The Senior Applicant must indicate in writing that they are designating an **Alternate Authorized Representative** to act on their behalf.
  - a. This documentation is to be given to the Certifying Staff member and shall be retained at the Sr Local Agency office.
2. Completion of the **NJ SFMNP Alternate Authorized Representative Consent Form** is the required documentation of assignment of such responsibilities to another person.
3. An individual accepting the responsibility of an **Alternate Authorized Representative** shall provide appropriate proof of identity to the Certifying Staff member, and shall complete the **Alternate Authorized Representative Form**
4. All Program Information; Nutrition Education; Program Status; and Information about the amount and use of benefits shall be delivered to

the **Alternate Authorized Representative** as if they are the Senior Participant.

- a. They should understand that they are expected to convey all information and education to the Senior Participant.

**Attachments:**

- NJ SFMNP Alternate Authorized Representative Consent Form - Attachment 1