

2024 FARMERS MARKET NUTRITION COUPON PROGRAM – REGISTRATION FORM

The FMNCP runs from June 8th – September 21st at Rotary Park in Cranbrook & June 20th – September 19th on Howard Street in Kimberley

CONTACT INFORMATION			
NAME & PREFERRED PRONOUNS:			
PHONE:			
EMAIL:			
How do you prefer to be contacted?	PHONE	EMAIL	OTHER (PLEASE SPECIFY):
PLEASE ENSURE YOU HAVE CURRENT CONTACT INFORMATION LISTED AS WE WILL BE CONTACTING YOU TO LET YOU KNOW OF THE STATUS OF YOUR APPLICATION			

ABOUT YOU				
Age:				
Are you any of the following: (PLEASE CHECK IF YES)	PREGNANT	FAMILY	SINGLE	ELDER
Total number of people in your household and their ages?	NAME			AGE
	1.			
	2.			
	3.			
	4.			
	5.			
Do you self-identify as: (PLEASE CHECK ONE)	FIRST NATION	METIS	INUIT	
What programs/agencies do you currently receive support from in the Community?				
Have you participated in the FMNCP in previous years?				
Will you be attending the Cranbrook or Kimberley market?	CRANBROOK		KIMBERLEY	



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PROGRAM COMMITMENT AND CONSENT		
Can you commit to picking coupons up each week: Cranbrook: 9:30 am – 11:30 am Saturday's Kimberley: 5:00 pm – 7:00 pm Thursday's	CHECK ONE YES	CHECK ONE NO
Will anyone else be picking up coupons on your behalf?	YES	NO
	NAME OF PICKUP PERSON:	
Additional information related to your application that you want us to know		
Participant Consent	<p>KKCFSS may share your information with other agencies also participating in the Farmers Market Nutrition Coupon Program (FMNCP) to ensure participants are not on more than one list – please sign if you are okay with your name being shared with other participating agencies – Your information will only be shared with other FMNCP's and used for no other purposes.</p> <p>Please sign here if you consent to the statement above:</p> <p>Participant name: _____</p> <p>Participant Signature: _____</p>	

FOOD LITERACY ACTIVITIES		CHECK BOX IF INTERESTED
Food literacy activities you are interested in and/ or wish to participate in	PUBLIC PRODUCE GARDEN VISIT	
	PUBLIC PRODUCE GARDEN WORKSHOPS	
	WEEKLY GARDENING GROUP AT PRODUCE GARDEN	
	WEEKLY RECIPE HANDOUTS AND FOOD TIPS	

Participants Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORMS TO: kkcfssprevention@ktunaxa.org or DROP OFF AT # 1007 BAKER STREET OR FAX TO 1-250-420-2769 attention: Chelsea or Mack

