



STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 8, 2017

Local Coordinating Agency (LCA):

**Andover Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Laurel Andrews**

- ✓ **30** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2000001**

Last Check Number: **2000180**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

"In accordance with federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave, S.W., Washington, D.C. 20250-9410 or call (800) 795- 3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."



# STATE OF CONNECTICUT DEPARTMENT OF AGRICULTURE

## *Marketing Bureau*



### USDA Non-Discrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice any TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaoamt\\_filing\\_cust.html](http://www.ascr.usda.gov/complaoamt_filing_cust.html), or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax:

(202) 690-7442; or

email:

[program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Ansonia Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Mary D. Deptula**

- ✓ **70** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2000181**

Last Check Number: **2000600**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
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July 1, 2015

Local Coordinating Agency (LCA):

**Pompey Hollow Senior Housing**

LCA Contact: (If different, please cross out and write correct name)

**Jessica Miller**

- ✓ **24** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2000601**

Last Check Number: **2000744**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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July 1, 2015

Local Coordinating Agency (LCA):

**Bantam Village Apartments**

LCA Contact: (If different, please cross out and write correct name)

**Cheryl Conforti**

- ✓ **48** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2000745**

Last Check Number: **2001032**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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July 1, 2015

Local Coordinating Agency (LCA):

**Beacon falls senior center**

LCA Contact: (If different, please cross out and write correct name)

**bernadette dionne**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2001033**

Last Check Number: **2001632**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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July 1, 2015

Local Coordinating Agency (LCA):

**Bethany Human Resources & Services**

LCA Contact: (If different, please cross out and write correct name)

**Jeanne DelVecchio**

- ✓ **20** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2001633**

Last Check Number: **2001752**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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July 1, 2015

Local Coordinating Agency (LCA):

**Bethlehem Senior Housing**

LCA Contact: (If different, please cross out and write correct name)

**Phyllis West**

- ✓ **22** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2001753**

Last Check Number: **2001884**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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July 1, 2015

Local Coordinating Agency (LCA):

**Bloomfield Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Dawn Cooper-Grodger**

- ✓ **180** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2001885**

Last Check Number: **2002964**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

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(Date)

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July 1, 2015

Local Coordinating Agency (LCA):

**Federation Homes**

LCA Contact: (If different, please cross out and write correct name)

**Ellen Cyr**

- ✓ **73** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2002965**

Last Check Number: **2003402**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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July 1, 2015

Local Coordinating Agency (LCA):

**Interfaith Village**

LCA Contact: (If different, please cross out and write correct name)

**Barbara Keating**

- ✓ **132** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2003403**

Last Check Number: **2004194**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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July 1, 2015

Local Coordinating Agency (LCA):

**Rehoboth Church of God**

LCA Contact: (If different, please cross out and write correct name)

**Elsa Smith-Pleasant**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2004195**

Last Check Number: **2004794**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Woodside Village**

LCA Contact: (If different, please cross out and write correct name)

**Charlene Sullivan**

- ✓ **150** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2004795**

Last Check Number: **2005694**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**TVCCA Senior Nutrition Program**

LCA Contact: (If different, please cross out and write correct name)

**Tia Bettencourt**

- ✓ **250** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2005695**

Last Check Number: **2007194**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
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July 1, 2015

Local Coordinating Agency (LCA):

**City of Bridgeport Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Iris Molina**

- ✓ **1000** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2007195**

Last Check Number: **2013194**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
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July 1, 2015

Local Coordinating Agency (LCA):

**CW Resources Greater Bridgeport Elderly Nutrition Program**

LCA Contact: (If different, please cross out and write correct name)

**Laura Palmieri**

- ✓ **300** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2013195**

Last Check Number: **2014994**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

"In accordance with federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave, S.W., Washington, D.C. 20250-9410 or call (800) 795- 3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Hall Neighborhood House, Inc.**

LCA Contact: (If different, please cross out and write correct name)

**Reginald Walker**

- ✓ **175** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2014995**

Last Check Number: **2016044**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Second Stone Ridge Cooperative**

LCA Contact: (If different, please cross out and write correct name)

**Marlene Schempp**

- ✓ **40** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2016045**

Last Check Number: **2016284**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
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Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**City of Bristol**

LCA Contact: (If different, please cross out and write correct name)

**Patty Tomascak**

- ✓ **325** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2016285**

Last Check Number: **2018234**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Meridian Tower Office**

LCA Contact: (If different, please cross out and write correct name)

**Stephen Duffy**

- ✓ **173** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2018235**

Last Check Number: **2019272**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

"In accordance with federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave, S.W., Washington, D.C. 20250-9410 or call (800) 795- 3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Quinebaug Valley Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Lisa Baxter**

- ✓ **350** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2019273**

Last Check Number: **2021372**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Town of Canterbury**

LCA Contact: (If different, please cross out and write correct name)

**Ella Herbert**

- ✓ **30** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2021373**

Last Check Number: **2021552**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Town of Canton - Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Claire Cote**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2021553**

Last Check Number: **2022152**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Essex Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Tammy Mesite**

- ✓ **25** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2022153**

Last Check Number: **2022302**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to (860) 713-2516. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Chaplin Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Roxanne St. Jean**

- ✓ **40** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2022303**

Last Check Number: **2022542**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Cheshire Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Stefanie Theroux**

- ✓ **60** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2022543**

Last Check Number: **2022902**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Coventry Human Services**

LCA Contact: (If different, please cross out and write correct name)

**Courtney Chan**

- ✓ **80** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2022903**

Last Check Number: **2023382**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Danbury Elderly Services**

LCA Contact: (If different, please cross out and write correct name)

**Susan Tomanio**

- ✓ **150** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2023383**

Last Check Number: **2024282**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Danbury Housing Authority - Crosby Manor**

LCA Contact: (If different, please cross out and write correct name)

**Dubravka Vidmar**

- ✓ **60** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2024283**

Last Check Number: **2024642**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Danbury Housing Authority - Glen Apartments**

LCA Contact: (If different, please cross out and write correct name)

**Dubravka Vidmar**

- ✓ **110** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2024643**

Last Check Number: **2025302**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Danbury Housing Authority - Ives Manor**

LCA Contact: (If different, please cross out and write correct name)

**Dubravka Vidmar**

- ✓ **110** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2025303**

Last Check Number: **2025962**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Danbury Housing Authority - Putnam Towers**

LCA Contact: (If different, please cross out and write correct name)

**Dubravka Vidmar**

- ✓ **60** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2025963**

Last Check Number: **2026322**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

"In accordance with federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave, S.W., Washington, D.C. 20250-9410 or call (800) 795- 3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Danbury Housing Authority - Wooster Manor**

LCA Contact: (If different, please cross out and write correct name)

**Dubravka Vidmar**

- ✓ **110** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2026323**

Last Check Number: **2026982**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Killingly Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Carol Greene**

- ✓ **183** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2026983**

Last Check Number: **2028080**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Westfield Village Elderly Housing**

LCA Contact: (If different, please cross out and write correct name)

**David Patenaude**

- ✓ **37** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2028081**

Last Check Number: **2028302**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Kirtland Commons**

LCA Contact: (If different, please cross out and write correct name)

**Joann Hourigan**

- ✓ **40** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2028303**

Last Check Number: **2028542**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Derby Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Robin Piekavski**

- ✓ **83** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2028543**

Last Check Number: **2029040**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Hallocks Landing**

LCA Contact: (If different, please cross out and write correct name)

**terri fielder**

- ✓ **24** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2029041**

Last Check Number: **2029184**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Durham Human Services**

LCA Contact: (If different, please cross out and write correct name)

**Amanda Pedersen**

- ✓ **15** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2029185**

Last Check Number: **2029274**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**East Hartford Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Alexis Aberle**

- ✓ **380** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2029275**

Last Check Number: **2031554**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**East Hartford Town Hall - Hartford East**

LCA Contact: (If different, please cross out and write correct name)

**Lillian Miceli**

- ✓ **110** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2031555**

Last Check Number: **2032214**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**East Hartford Town Hall - St. Elizabeth**

LCA Contact: (If different, please cross out and write correct name)

**Lillian Miceli**

- ✓ **54** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2032215**

Last Check Number: **2032538**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**East Hartford Town Hall - St. Mary**

LCA Contact: (If different, please cross out and write correct name)

**Lillian Miceli**

- ✓ **55** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2032539**

Last Check Number: **2032868**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**East Hartford Town Hall - Willow Arms**

LCA Contact: (If different, please cross out and write correct name)

**Charlene Sullivan**

- ✓ **97** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2032869**

Last Check Number: **2033450**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**East Haven Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Jan Lougal**

- ✓ **250** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2033451**

Last Check Number: **2034950**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Twin Haven, Inc**

LCA Contact: (If different, please cross out and write correct name)

**Rose-Ann Girard**

- ✓ **24** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2034951**

Last Check Number: **2035094**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**EAST WINDSOR SOCIAL SERVICES**

LCA Contact: (If different, please cross out and write correct name)

**Kristen Bouchard**

- ✓ **0** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2035095**

Last Check Number: **2035694**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Ellington Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Catherine Bouley**

- ✓ **40** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2035695**

Last Check Number: **2035934**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Ellington Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Erin Graziani**

- ✓ **35** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2035935**

Last Check Number: **2036144**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Town of Enfield Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Joel Cox**

- ✓ **200** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2036145**

Last Check Number: **2037344**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Fairfield Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**peggy ford**

- ✓ **68** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2037345**

Last Check Number: **2037752**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**McKinney Elder Housing**

LCA Contact: (If different, please cross out and write correct name)

**Vi Guglielmi**

- ✓ **20** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2037753**

Last Check Number: **2037872**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Groton Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Marjorie Fondulas**

- ✓ **300** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2037873**

Last Check Number: **2039672**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Guilford Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Catherine Maltese**

- ✓ **30** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2039673**

Last Check Number: **2039852**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Haddam Town Office Building**

LCA Contact: (If different, please cross out and write correct name)

**Mark Lundgren**

- ✓ **30** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2039853**

Last Check Number: **2040032**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Hamden Elderly Services**

LCA Contact: (If different, please cross out and write correct name)

**Suzanne Burbage**

- ✓ **150** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2040033**

Last Check Number: **2040932**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Bacon Congregate**

LCA Contact: (If different, please cross out and write correct name)

**Trisha Beatty**

- ✓ **26** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2040933**

Last Check Number: **2041088**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Capitol Towers**

LCA Contact: (If different, please cross out and write correct name)

**Terri Ptak-saicedo**

- ✓ **130** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2041089**

Last Check Number: **2041868**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Cathedral Manor**

LCA Contact: (If different, please cross out and write correct name)

**GRETCHEN CLOSS**

- ✓ **50** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2041869**

Last Check Number: **2042168**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Chrysalis Center Inc Freshplace Program**

LCA Contact: (If different, please cross out and write correct name)

**Jon Mitchell**

- ✓ **16** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2042169**

Last Check Number: **2042264**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Community Renewal Team - Elderly Nutrition Dept.**

LCA Contact: (If different, please cross out and write correct name)

**Garland Tanksley**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2042265**

Last Check Number: **2042864**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Dutch Point**

LCA Contact: (If different, please cross out and write correct name)

**ashley edwards**

- ✓ **30** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2042865**

Last Check Number: **2043044**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Faith Manor**

LCA Contact: (If different, please cross out and write correct name)

**Arkena Payne**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2043045**

Last Check Number: **2043644**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Fox Manor**

LCA Contact: (If different, please cross out and write correct name)

**Linda Cabán**

- ✓ **80** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2043645**

Last Check Number: **2044124**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Hartford Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Derrick Seldon**

- ✓ **550** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2044125**

Last Check Number: **2047424**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Horace Bushnell Congregate Homes**

LCA Contact: (If different, please cross out and write correct name)

**Beatrice Hite**

- ✓ **62** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2047425**

Last Check Number: **2047796**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Marshall Apartments**

LCA Contact: (If different, please cross out and write correct name)

**Giovanna Litro**

- ✓ **115** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2047797**

Last Check Number: **2048486**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Northend Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Karen Bailey-Addison**

- ✓ **1500** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2048487**

Last Check Number: **2057486**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Nuestra Casa Elderly Housing**

LCA Contact: (If different, please cross out and write correct name)

**AMANDA MERCADO**

- ✓ **40** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2057487**

Last Check Number: **2057726**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Saint Monica's Apartments**

LCA Contact: (If different, please cross out and write correct name)

**Michelle St. Hilaire**

- ✓ **54** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2057727**

Last Check Number: **2058050**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**San Juan Golden Age**

LCA Contact: (If different, please cross out and write correct name)

**Luz Ruiz**

- ✓ **36** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2058051**

Last Check Number: **2058266**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Shepherd Park**

LCA Contact: (If different, please cross out and write correct name)

**Juliet Edwards**

- ✓ **400** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2058267**

Last Check Number: **2060666**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**South End Wellness Center**

LCA Contact: (If different, please cross out and write correct name)

**Franciszka Sadowski**

- ✓ **120** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2060667**

Last Check Number: **2061386**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**South/Southwest Elderly Housing Corporation, Inc.**

LCA Contact: (If different, please cross out and write correct name)

**catherine suchenski**

- ✓ **41** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2061387**

Last Check Number: **2061632**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**TUSCAN HOMES**

LCA Contact: (If different, please cross out and write correct name)

**Amanda mercado**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2061633**

Last Check Number: **2062232**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Underwood Apartments**

LCA Contact: (If different, please cross out and write correct name)

**David Alvarado**

- ✓ **136** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2062233**

Last Check Number: **2063048**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Lebanon Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Shelly Ashcon**

- ✓ **40** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2063049**

Last Check Number: **2063288**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Madison Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Heather Castrilli**

- ✓ **90** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2063289**

Last Check Number: **2063828**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Manchester Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Martha G. Bertrand**

- ✓ **350** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2063829**

Last Check Number: **2065928**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Orford Village Commons**

LCA Contact: (If different, please cross out and write correct name)

**Charles Barrett**

- ✓ **40** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2065929**

Last Check Number: **2066168**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Meriden Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Rick Liegl**

- ✓ **1400** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2066169**

Last Check Number: **2074568**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Middlefield senior center**

LCA Contact: (If different, please cross out and write correct name)

**Joan Lombardo**

- ✓ **10** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2074569**

Last Check Number: **2074628**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Luther Ridge at Middletown**

LCA Contact: (If different, please cross out and write correct name)

**Cathy Suchenski**

- ✓ **75** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2074629**

Last Check Number: **2075078**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Middletown Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Karen Brown**

- ✓ **90** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2075079**

Last Check Number: **2075618**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Middletown Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Andrea Gregg**

- ✓ **400** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2075619**

Last Check Number: **2078018**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Newfield Towers**

LCA Contact: (If different, please cross out and write correct name)

**Theodora Coitrone**

- ✓ **60** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2078019**

Last Check Number: **2078378**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Old Middletown High School Apartments**

LCA Contact: (If different, please cross out and write correct name)

**Wendy Adamowicz**

- ✓ **50** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2078379**

Last Check Number: **2078678**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Pond View Apartments**

LCA Contact: (If different, please cross out and write correct name)

**Zaida Martinez**

- ✓ **52** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2078679**

Last Check Number: **2078990**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Shiloh Manor**

LCA Contact: (If different, please cross out and write correct name)

**Karol Thompson**

- ✓ **35** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2078991**

Last Check Number: **2079200**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**South Green Apartments**

LCA Contact: (If different, please cross out and write correct name)

**Charlene Sullivan**

- ✓ **125** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2079201**

Last Check Number: **2079950**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**St. Luke's Residential Apartments**

LCA Contact: (If different, please cross out and write correct name)

**Rochelle Graham**

- ✓ **24** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2079951**

Last Check Number: **2080094**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Stoneycrest Towers**

LCA Contact: (If different, please cross out and write correct name)

**Emma Czaja**

- ✓ **65** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2080095**

Last Check Number: **2080484**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Milford Youth and Family Services and Dept. of Human Services**

LCA Contact: (If different, please cross out and write correct name)

**Lisa Diamond Graham**

- ✓ **275** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2080485**

Last Check Number: **2082134**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Monroe Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Barbara Yeager**

- ✓ **70** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2082135**

Last Check Number: **2082554**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Montville Senior and Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Kathleen Doherty Peck**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2082555**

Last Check Number: **2083154**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Morris Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Kristen Davila**

- ✓ **15** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2083155**

Last Check Number: **2083244**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Naugatuck Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Harvey Leon Frydman**

- ✓ **700** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2083245**

Last Check Number: **2087444**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Robert E. Hutt Congregate Housing**

LCA Contact: (If different, please cross out and write correct name)

**Linda Peck**

- ✓ **36** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2087445**

Last Check Number: **2087660**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Jefferson/Columbus House Inc.**

LCA Contact: (If different, please cross out and write correct name)

**Sanah Howroyd**

- ✓ **70** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2087661**

Last Check Number: **2088080**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Security Manor**

LCA Contact: (If different, please cross out and write correct name)

**Karol Thompson**

- ✓ **25** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2088081**

Last Check Number: **2088230**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Corbin Pinnacle LLC**

LCA Contact: (If different, please cross out and write correct name)

**Lourdes Rivera**

- ✓ **85** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2088231**

Last Check Number: **2088740**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**City of New Britain-housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Betty Evans**

- ✓ **400** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2088741**

Last Check Number: **2091140**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**New Canaan Human Services**

LCA Contact: (If different, please cross out and write correct name)

**Debra Casey**

- ✓ **25** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2091141**

Last Check Number: **2091290**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**School House Apartments**

LCA Contact: (If different, please cross out and write correct name)

**Peggy Faughnan**

- ✓ **40** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2091291**

Last Check Number: **2091530**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**New Hartford Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Jean Barnicoat**

- ✓ **25** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2091531**

Last Check Number: **2091680**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**City of New Haven - Dept of Elderly Services**

LCA Contact: (If different, please cross out and write correct name)

**mgdalia Castro**

- ✓ **4800** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2091681**

Last Check Number: **2120480**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**New London Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Elizabeth Witter**

- ✓ **350** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2120481**

Last Check Number: **2122580**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**New Milford-Director of Elderly Services**

LCA Contact: (If different, please cross out and write correct name)

**Carolyn Haglund**

- ✓ **200** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2122581**

Last Check Number: **2123780**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Newington Department of Human Services**

LCA Contact: (If different, please cross out and write correct name)

**Carol LaBrecque**

- ✓ **130** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2123781**

Last Check Number: **2124560**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

"In accordance with federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave, S.W., Washington, D.C. 20250-9410 or call (800) 795- 3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**TEEG**

LCA Contact: (If different, please cross out and write correct name)

**Carl Asikaninen**

- ✓ **50** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2124561**

Last Check Number: **2124860**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Thompson Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Deborah Flanigan**

- ✓ **70** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2124861**

Last Check Number: **2125280**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**North Haven Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Judith Amarone**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2125281**

Last Check Number: **2125880**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Miss Laura M. Raymond Homes**

LCA Contact: (If different, please cross out and write correct name)

**courtney sahler**

- ✓ **57** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2125881**

Last Check Number: **2126222**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Norwalk Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Michele Jakab**

- ✓ **200** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2126223**

Last Check Number: **2127422**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Eastern CT Area Agency on Aging**

LCA Contact: (If different, please cross out and write correct name)

**Alison Dvorak**

- ✓ **350** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2127423**

Last Check Number: **2129522**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Rose City Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Mike Wolak**

- ✓ **500** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2129523**

Last Check Number: **2132522**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**OLD LYME SOCIAL SERVICERS**

LCA Contact: (If different, please cross out and write correct name)

**VALERIE GONCALVES**

- ✓ **40** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2132523**

Last Check Number: **2132762**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Estuary Council of Senior's**

LCA Contact: (If different, please cross out and write correct name)

**Judy Sousa**

- ✓ **70** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2132763**

Last Check Number: **2133182**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Oxford Housing Authority DBA Crest View Ridge**

LCA Contact: (If different, please cross out and write correct name)

**Bonnie Chevarella**

- ✓ **21** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2133183**

Last Check Number: **2133308**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Stonington Arms**

LCA Contact: (If different, please cross out and write correct name)

**Cindy Morrone**

- ✓ **75** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2133309**

Last Check Number: **2133758**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Town of Stonington-Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Carol Umphlett**

- ✓ **60** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2133759**

Last Check Number: **2134118**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Plainfield Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Myra Ambrogi**

- ✓ **75** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2134119**

Last Check Number: **2134568**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Plainville Department of Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Pamela French**

- ✓ **150** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2134569**

Last Check Number: **2135468**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Town of Pomfret**

LCA Contact: (If different, please cross out and write correct name)

**Garry Brown**

- ✓ **75** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2135469**

Last Check Number: **2135918**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Ella Grasso Gardens**

LCA Contact: (If different, please cross out and write correct name)

**Lynn Bergeron**

- ✓ **80** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2135919**

Last Check Number: **2136398**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

"In accordance with federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave, S.W., Washington, D.C. 20250-9410 or call (800) 795- 3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Putnam Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Patricia Steen**

- ✓ **65** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2136399**

Last Check Number: **2136788**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Town of Putnam**

LCA Contact: (If different, please cross out and write correct name)

**Jackie Lefevre**

- ✓ **50** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2136789**

Last Check Number: **2137088**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Middlefield Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**antoINETte astle**

- ✓ **20** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2137089**

Last Check Number: **2137208**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to (860) 713-2516. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Rocky Hill Human Services**

LCA Contact: (If different, please cross out and write correct name)

**Nicole Phillips**

- ✓ **35** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2137209**

Last Check Number: **2137418**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Seymour Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**theresa schremmer**

- ✓ **130** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2137419**

Last Check Number: **2138198**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Shelton Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Madlyn McGowan**

- ✓ **50** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2138199**

Last Check Number: **2138498**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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DEPARTMENT OF AGRICULTURE

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**The Ripton Apartment Office**

LCA Contact: (If different, please cross out and write correct name)

**Philip Mahler**

- ✓ **34** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2138499**

Last Check Number: **2138702**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Wesley Village-United Methodist Homes**

LCA Contact: (If different, please cross out and write correct name)

**Ashley Hammill**

- ✓ **15** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2138703**

Last Check Number: **2138792**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Somers Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Amy Saada**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2138793**

Last Check Number: **2139392**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Town of South Windsor - Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Lindsey Ravalese or Deanna Carter**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2139393**

Last Check Number: **2139992**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Grace Meadows Housing I & II**

LCA Contact: (If different, please cross out and write correct name)

**rosemarie dillon**

- ✓ **30** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2139993**

Last Check Number: **2140172**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Southington Community Services**

LCA Contact: (If different, please cross out and write correct name)

**Janet Mellon**

- ✓ **200** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2140173**

Last Check Number: **2141372**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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STATE OF CONNECTICUT  
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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Stafford Community Center**

LCA Contact: (If different, please cross out and write correct name)

**Laura Panciera**

- ✓ **300** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2141373**

Last Check Number: **2143172**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Belltown Manor**

LCA Contact: (If different, please cross out and write correct name)

**Greg Dunn**

- ✓ **27** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2143173**

Last Check Number: **2143334**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Bishop Curtis Homes**

LCA Contact: (If different, please cross out and write correct name)

**Elizabeth Cino**

- ✓ **40** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2143335**

Last Check Number: **2143574**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Augustus Manor**

LCA Contact: (If different, please cross out and write correct name)

**Carmen Morales**

- ✓ **104** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2143575**

Last Check Number: **2144198**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Catholic Charities**

LCA Contact: (If different, please cross out and write correct name)

**Gladys Thomas**

- ✓ **60** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2144199**

Last Check Number: **2144558**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Glenbrook Manor**

LCA Contact: (If different, please cross out and write correct name)

**Monique Moye**

- ✓ **44** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2144559**

Last Check Number: **2144822**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Harboursite Senior Building**

LCA Contact: (If different, please cross out and write correct name)

**Shelia Cahill**

- ✓ **50** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2144823**

Last Check Number: **2145122**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Mapleview Towers**

LCA Contact: (If different, please cross out and write correct name)

**Audrey Simpson**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2145123**

Last Check Number: **2145722**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**New Neighborhoods Inc**

LCA Contact: (If different, please cross out and write correct name)

**Greg Dunn**

- ✓ **15** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2145723**

Last Check Number: **2145812**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Pilgrim Towers**

LCA Contact: (If different, please cross out and write correct name)

**Gilda Orwasher**

- ✓ **80** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2145813**

Last Check Number: **2146292**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Rippowam Manor**

LCA Contact: (If different, please cross out and write correct name)

**Monique Moye**

- ✓ **80** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2146293**

Last Check Number: **2146772**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Senior Neighborhood Services**

LCA Contact: (If different, please cross out and write correct name)

**The Rev. Fred Ogletree**

- ✓ **75** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2146773**

Last Check Number: **2147222**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Shippan Place, Management Office**

LCA Contact: (If different, please cross out and write correct name)

**Sheila Carr**

- ✓ **169** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2147223**

Last Check Number: **2148236**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Stamford Cross Road Residence**

LCA Contact: (If different, please cross out and write correct name)

**Rukula Ferris**

- ✓ **20** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2148237**

Last Check Number: **2148356**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Stamford Green**

LCA Contact: (If different, please cross out and write correct name)

**Krystal Amaker**

- ✓ **91** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2148357**

Last Check Number: **2148902**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**The Atlantic**

LCA Contact: (If different, please cross out and write correct name)

**Greg Dunn**

- ✓ **22** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2148903**

Last Check Number: **2149034**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to (860) 713-2516. Also, keep a copy of this document for your records.

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Willard Manor**

LCA Contact: (If different, please cross out and write correct name)

**Karen Kaufman**

- ✓ **54** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2149035**

Last Check Number: **2149358**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Wormser Congregate**

LCA Contact: (If different, please cross out and write correct name)

**Laura Hill-Johnson**

- ✓ **82** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2149359**

Last Check Number: **2149850**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Charter Oak Communities @ Stamford Manor**

LCA Contact: (If different, please cross out and write correct name)

**Judith Paul**

- ✓ **250** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2149851**

Last Check Number: **2151350**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

"In accordance with federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave, S.W., Washington, D.C. 20250-9410 or call (800) 795- 3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Juniper Hill Village**

LCA Contact: (If different, please cross out and write correct name)

**Barbara Caron**

- ✓ **45** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2151351**

Last Check Number: **2151620**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Mansfield Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Karen matychak**

- ✓ **30** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2151621**

Last Check Number: **2151800**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Stratford Senior Services**

LCA Contact: (If different, please cross out and write correct name)

**Diane Puterski**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2151801**

Last Check Number: **2152400**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Park Place Office**

LCA Contact: (If different, please cross out and write correct name)

**Cheryl Conforti**

- ✓ **40** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2152401**

Last Check Number: **2152640**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Suffield Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Debra Krut**

- ✓ **63** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2152641**

Last Check Number: **2153018**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Town of Plymouth - Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Heather Burns**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2153019**

Last Check Number: **2153618**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Town of Tolland - Human Services**

LCA Contact: (If different, please cross out and write correct name)

**Beverly Bellody**

- ✓ **60** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2153619**

Last Check Number: **2153978**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**LH/NW, Elderly Nutrition Project, Sullivan Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Sherry Cote**

- ✓ **300** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2153979**

Last Check Number: **2155778**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Torrington West Apts. - Resident Services**

LCA Contact: (If different, please cross out and write correct name)

**Gerri Diamond**

- ✓ **50** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2155779**

Last Check Number: **2156078**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Torrington Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Bonnie Butkus**

- ✓ **290** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2156079**

Last Check Number: **2157818**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Welles Country Village**

LCA Contact: (If different, please cross out and write correct name)

**mitch Hess**

- ✓ **60** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2157819**

Last Check Number: **2158178**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Washington Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Pamela Collins**

- ✓ **8** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2158179**

Last Check Number: **2158226**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Josephine Towers**

LCA Contact: (If different, please cross out and write correct name)

**jacurline Kunz-Dunn**

- ✓ **146** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2158227**

Last Check Number: **2159102**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**New Opportunities, Inc.**

LCA Contact: (If different, please cross out and write correct name)

**Lisa LaBonte**

- ✓ **1750** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2159103**

Last Check Number: **2169602**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Waterbury Housing Authority - Franklin D. Roosevelt Apts**

LCA Contact: (If different, please cross out and write correct name)

**Gladys Richardson**

- ✓ **48** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2169603**

Last Check Number: **2169890**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Waterbury Housing Authority - Kelly Village**

LCA Contact: (If different, please cross out and write correct name)

**Gladys Richardson**

- ✓ **30** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2169891**

Last Check Number: **2170070**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Western CT Area Agency on Aging - Oak Terrace**

LCA Contact: (If different, please cross out and write correct name)

**Debra Besaw**

- ✓ **110** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2170071**

Last Check Number: **2170730**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**AHEPA 250-2 Apartments**

LCA Contact: (If different, please cross out and write correct name)

**jessica castillo**

- ✓ **50** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2170731**

Last Check Number: **2171030**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**WEST HARTFORD HUMAN SERVICES**

LCA Contact: (If different, please cross out and write correct name)

**Susan Huleatt**

- ✓ **750** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2171031**

Last Check Number: **2175530**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**West Haven Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Dian Viesselmann**

- ✓ **425** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2175531**

Last Check Number: **2178080**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**West Haven Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Sharon Mancini**

- ✓ **375** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2178081**

Last Check Number: **2180330**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Westbrook Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Elizabeth Carpenter**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2180331**

Last Check Number: **2180930**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Westport Center for Senior Activities**

LCA Contact: (If different, please cross out and write correct name)

**Sue Pfister**

- ✓ **50** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2180931**

Last Check Number: **2181230**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Ahepa #58 Nathan Hale Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Cindy Delaware**

- ✓ **84** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2181231**

Last Check Number: **2181734**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Executive Square House**

LCA Contact: (If different, please cross out and write correct name)

**heather drumm**

- ✓ **180** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2181735**

Last Check Number: **2182814**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**First Church Village-Imagineers**

LCA Contact: (If different, please cross out and write correct name)

**Renee Morales**

- ✓ **57** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2182815**

Last Check Number: **2183156**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to (860) 713-2516. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Wethersfield Housing Authority**

LCA Contact: (If different, please cross out and write correct name)

**Kathi Liberman**

- ✓ **75** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2183157**

Last Check Number: **2183606**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Town of Windham, Human Services**

LCA Contact: (If different, please cross out and write correct name)

**Cindy St. Martin**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2183607**

Last Check Number: **2184206**

Missing Checks:

Replacement Checks:

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**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Willimantic Housing**

LCA Contact: (If different, please cross out and write correct name)

**Arka Mikel**

- ✓ **300** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2184207**

Last Check Number: **2186006**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Willington Woods**

LCA Contact: (If different, please cross out and write correct name)

**Melanie Savage**

- ✓ **25** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2186007**

Last Check Number: **2186156**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

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SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Windsor Locks social services**

LCA Contact: (If different, please cross out and write correct name)

**Chistina Morra-Tiu**

- ✓ **30** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2186157**

Last Check Number: **2186336**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

"In accordance with federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave, S.W., Washington, D.C. 20250-9410 or call (800) 795- 3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

This program is supported by funding from the United States Department of Agriculture, Food and Nutrition Service and the Connecticut Department of Agriculture.



STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Winsted Senior Center**

LCA Contact: (If different, please cross out and write correct name)

**Ellen Schroeder**

- ✓ **100** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2186337**

Last Check Number: **2186936**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE

Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**CHARLES RIETDYKE SENIOR CENTER**

LCA Contact: (If different, please cross out and write correct name)

**DONNA BELVAL**

- ✓ **40** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2186937**

Last Check Number: **2187176**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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Marketing Bureau



SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
DELIVERY RECEIPT ACKNOWLEDGMENT

July 1, 2015

Local Coordinating Agency (LCA):

**Town of Woodbury Social Services**

LCA Contact: (If different, please cross out and write correct name)

**Sandra Vicari**

- ✓ **70** Connecticut SFMNP check booklets have been received.
- ✓ This office will provide security for the checks until they are distributed.
- ✓ Distribution will be according to the rules on the signed Letter of Agreement.
- ✓ Instruct clients to fill out the **Front Receipt Page** on all SFMNP check booklets. Collect and retain these for a minimum of three years with all other paperwork associated with the SFMNP.

First Check Number: **2187177**

Last Check Number: **2187596**

Missing Checks:

Replacement Checks:

Please return the original(s) in the ENCLOSED the self-addressed, postage paid envelope *or* fax to **(860) 713-2516**. Also, **keep a copy of this document for your records.**

**SIGN ON DELIVERY:**

LCA Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

If there are any problems during the delivery or distribution of the checks, call (860) 713-2544.

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