



Proxy Form

X _____
Client Signature

Date

X _____
Proxy Signature

Date

Client Name _____

Address _____

City and Zip Code _____

Phone Number _____

Program: TEFAP CSFP

I hereby designate _____
Name of Proxy

to serve as my proxy to sign required documents, provide eligibility information, and pick up my food benefits from the following agency

For the period of _____ to _____
month and year month and year

Clients may designate a proxy up to one calendar year from the date of designation.

Agency Use Only		
Approved by:		
_____	_____	_____
Print Name	Signature	Date

This institution is an equal opportunity provider.