

The Emergency Food Assistance Program Proxy Authorization Form

(Please Print Legibly)

In the event I, _____, _____,
Print Your First Name *Print Your Last Name*
am unable to pick up food for my household at:

Print name of organization receiving food *Print the County*

I authorize:

Proxy One: _____ (_____) _____
Print First & Last Name *Area Code* *Phone Number*

Proxy Two: _____ (_____) _____
Print First & Last Name *Area Code* *Phone Number*

to pick up food and sign the "Eligibility to Take Food Home" form for me. I understand that I accept full responsibility for the actions of my proxy and will inform him/her of the proper procedure for commodity pick up.

Date: _____ Signature: _____

Participant may request a new proxy at any time.

The proxy must provide a picture ID for themselves and the client as well as proof of residency for the client for whom they are picking up food. The proxy can sign their name and write the word proxy after it.

Cut Here -----

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