

Letter of Proxy

To (Partner Agency): _____

From: _____ Client ID # _____

Client's Full Name Receiving Food (TEFAP Registered) ID photo copied on back

Household by Age

Age 60+ _____ Age 18-59 _____ Age 0-17 _____ Total # in Household _____

ADDRESS: _____

PHONE: _____

This letter is to confirm that my family and I are eligible to receive food through the current income guidelines and are registered with TEFAP through Link2Feed as required by Arizona Department of Economic Security.

I am unable to receive my food from _____ and am giving permission for someone else to receive and deliver my food.

This proxy gives my permissions for the names listed below to receive my food in my absence. I also understand that this proxy must be renewed 6 months from the date of this letter.

PROXY

Name: _____ ID photo copied on back

Address: _____

Name: _____ ID photo copied on back

Address: _____

Sincerely,

Client Signature

Date

Proxy Signature

Date

Date Submitted: _____

Renewal Date: _____

United Food Bank Representative Signature: _____