

Proxy Form



Clients Name: _____

Address: _____

City: _____ Zip Code: _____

Phone #: _____

Program: TEFAP CSFP Mobile Pantry

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:

_____.

By signing this form, you agree to have your name and information into our Link2Feed on-line application system. Your information may be viewed by Food Bank of the Rockies partners to help us better serve your community. We value the confidentiality of your information. If you wish to have this information removed please email: L2F@foodbankrockies.org.

Client Signature: _____ Date: _____

Proxy Signature: _____ Date: _____

Completed by Recipient Agency

Check all that apply:

- New Client (Client application must be attached)
- Renewal
- Mobile Pantry

Renewal Period**: _____ To: _____
Today's Date (month/year) 1 year from today's date (month/year)

****MP clients must designate a proxy for each distribution, no exceptions****