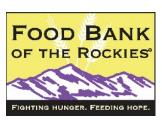
## **Proxy Form**



Clients Name: _				
Address:				
City:		Zi	Zip Code:	
Phone #:				
Program:	O TEFAP	○ CSFP	Mobile Pantry	
I hereby design my proxy to sig benefits from th	n required do	ocuments, provide e	(name eligibility information, a	of Proxy) to serve as nd pick up my food
By signing this Link2Feed on-l Bank of the Ro We value the c	form, you ag line applicati ckies partne confidentiality	ree to have your no on system. Your info rs to help us better s	ime and information intormation may be viewe erve your community.  In . If you wish to have the ankrockies.org.	o our d by Food
Client Signatur	re:		Date:	
Proxy Signature	e:		Date:	
	Co	ompleted by Recipier	nt Agency	
☐ Re	apply:	ent application must b	,	
Renewal Period	**: Todav's Da	te (month/year)	O:1 year from today's date (i	month/vear)
**!			distribution no exceptions**	,,==,