



Proxy/ Authorize Representative Form

Date: _____

I authorize _____ as my proxy/ authorized representative to act for me and complete and sign the application for my household for food pantry food assistance. I understand that I am responsible for the person I have assigned to act as my proxy/authorized representative.
I am providing my proxy/ authorized representative all the information required to complete my application for food assistance.

I also understand that if at any time I wish to stop this person from being my authorized representative it is my responsibility to contact you and provide written notification.

Signature of applicant: _____

Name of Proxy: _____

Residential Address of Proxy/ Authorized Representative:

The Proxy

A proxy is a person designated by a participant to act for the participant as necessary throughout every process.

For example, proxies can provide a signature on forms for applicants.

Proxies may also act for the participant in application, certification, food distribution, and recertification. A proxy must provide proof of identification before picking up a food package.

Requirements CEs & Sites must collect the following information from a proxy:

1. Proxy's name
2. Address

The CE must maintain each written proxy designation on file.

Proxy identification must be reviewed at each application, certification, food package distribution, and recertification.

Proxy Change there are two ways to change a proxy:

- In a written statement
- In-person at the CE site, where proxy changes are noted and maintained in the participant file

Proxy/Authorized Representative must provide a photo ID/Drives License every time they pick up for applicant.

Section 1 — Household Information**Sección 1 — Información de hogar**

Name of household member /Nombre del miembro de la unidad familiar		Number of household members / Número de miembros del hogar	
Address /Dirección			
<i>Zip code is required at minimum. Full address is not required for eligibility. /Se requiere código postal como mínimo. No se requiere la dirección completa para la elegibilidad.</i>			
Name of proxy /Nombre de apoderado			
Section 2 — Not Required for USDA Food Eligibility		Sección 2—No Se Requiere para Comida USDA	
* Age Group/Grupo de Edad	*0-18	*19-59	*60 & over
*Phone Number/Numero de Telefono	() -		

Section 3 — Categorical Eligibility**Sección 3 — Elegibilidad Categórica**

- ☐ **Supplemental Nutrition Assistance Program (SNAP)**/Programa de ayuda suplemental de la nutrición
☐ **Temporary Assistance for Needy Families (TANF)**/Asistencia temporal para familias necesitadas
☐ **Supplemental Security Income (SSI)**/Seguridad de ingreso suplementario
☐ **National School Lunch Program (NSLP)** (free or reduced-price meals)/Programa nacional de almuerzos escolares (comidas gratis o a precio reducido)
☐ **Medicaid**/Medicaid

Section 4 — Income Eligibility**Sección 4 — Elegibilidad de Ingresos**

Total gross income \$ _____	Ingreso bruto total \$ _____
_____ per year _____ per month _____ per week	_____ por año _____ por mes _____ por semana

Section 5 — Household Crisis Eligibility**Sección 5 — Elegibilidad de Crisis del Hogar**

If household is eligible for household crisis food needs, document reason for crisis here./Si el hogar es elegible para las necesidades alimentaria del hogar en caso de crisis, documenta el motivo de la crisis aquí.