



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 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.
applicant.

Signature of applicant: _____

This proxy remains in effect until it is revoked by the named applicant above.

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 (if available)/Dirección (si disponible)				
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

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Programa de ayuda suplemental de la nutrición
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)/Asistencia temporal para familias necesitadas
<input type="checkbox"/> Supplemental Security Income (SSI)/Seguridad de ingreso suplementario
<input type="checkbox"/> National School Lunch Program (NSLP) (free or reduced-price meals)/Programa nacional de almuerzos escolares (comidas gratis o a precio reducido)
<input type="checkbox"/> 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 alimentarias del hogar en caso de crisis, documenta el motivo de la crisis aquí.

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.

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 applicant.

Proxies may also act for the participant at 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 or 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.

This institution is an equal opportunity provider.