Letter of Proxy

Name of Food Bank:			
Client Full Name (person rece	iving the foo	d): e attached in order to receive the	
***A photo copy of the client	<mark>'s ID must be</mark>	e attached in order to receive the	<mark>food.</mark>
Client's Household by Age 60+ Age 18-	-	0-17 Total # in Household	_
CLIENT ADDRESS:			
CLIENT 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 fromand am giving permission for someone else to receive and deliver my food.			
This proxy gives my permissions for the name listed below to receive my food in my absence. I understand I must provide a copy of my ID in order for my proxy letter to be valid. I also understand that this proxy must be renewed 1 year from the date of this letter.			
Proxy Information (person picking up the food):			
PROXY'S NAME:			
PROXY'S ADDRESS:			_
Sincerely,			
Client Signature	Date	Proxy Signature	Date
Date Submitted:		Renewal Date:	_
Agency Representative Signat	ure:		

* MUST BE UPDATED EVERY YEAR AND/OR IF HOUSEHOLD COMPOSITION CHANGES. ONLY VALID IF COMPLETELY FILLED OUT AND CLIENT ID IS ATTACHED *