

Eligibility to take Food Home Letter of Proxy *

To: (Name of Partner Charity) _____

From: (Client's Name) _____

Client's Address: _____

Clients Phone Number: _____

Number of People in Household by age:

Age 60+: ____ Age 18 – 59: ____ Age birth – 17: ____ Total: ____

This letter is to certify that my household meets the current income guidelines for food assistance according to the "Federal and State Funded Food Programs Eligibility to Take Food Home Form." I am not able to appear in person due to health issues or scheduling conflicts to obtain the food. Therefore, I hereby give permission to the person(s) listed below to sign my FEDERAL AND STATE FUNDED FOOD PROGRAMS ELIGIBILITY TO TAKE FOOD HOME (TEFAP) Form in my absence:

Proxy Name: _____

Proxy Complete Address: _____

If you have any questions or concerns regarding my eligibility or any of the information provided above, you may contact me at the phone number listed. Thank you for your assistance.

Sincerely,

(Signature of Client)

Date:

*MUST BE UPDATED:

- ANNUALLY
- IF HOUSEHOLD COMPOSITION OR INCOME CHANGES
- WHEN ELIGIBILITY TO TAKE FOOD HOME FORMS CHANGE