

Proxy Form

All fields marked with * are required

*Client's Name: _____

*Date of Birth: _____ Gender: _____

*Address: _____

*City: _____ *Zip Code: _____

Phone: _____

Additional Household Members:

Last Name	First Name	Date of Birth	Relationship to Primary Client

Please list any additional household members on reverse side of form.

*I hereby designate _____ and _____ to
Name of Proxy Name of Second Proxy (Optional)
serve as my proxy to sign required documents, provide eligibility information, and pick up my food
benefits from the following agency: _____ .
Name of Agency



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