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 authorize and designate _____ and _____
Name of Proxy — Name of Second Proxy (Optional)

to act as my proxies for the purpose of obtaining food assistance on my behalf. These individuals are authorized to sign any required documentation, provide eligibility information as needed, and pick up my food benefits from the Food Bank of Wyoming or any of its authorized partner agencies. This authorization is granted with my full consent and will remain valid for one year from the date of signature unless revoked in writing prior to that time.

*Signature: _____
*Printed Name: _____
*Date: _____

FOOD BANK OF WYOMING™

This institution is an equal opportunity provider.
Esta institución es un proveedor que ofrece igualdad de oportunidades.