



Proxy Form

Client Name _____

Address _____

City and Zip Code _____

Phone Number _____

Program: TEFAP CSFP

I hereby designate _____
Name of Proxy

to serve as my proxy to sign required documents, provide eligibility information, and pick up my food benefits from the following agency _____

For the period of _____ to _____
month and year *month and year*

Clients may designate a proxy up to one calendar year from the date of designation.

X _____
Client Signature **Date**

X _____
Proxy Signature **Date**

Agency Use Only		
Approved by:		
_____	_____	_____
Print Name	Signature	Date

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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