

Proxy Form

Client Name				
Address				
City and Zip Cod	de			
Phone Number				_
Program:	☐ TEFAP	☐ CSFP		
I hereby designa	ate		Name of Proxy	
to serve as my p	roxy to sign re	quired documents,	, provide elig	ibility information, and pick up my
food benefits fro	om the followir	ng agency		
For the period o		to	month and	
Clients ma	month an y designate a p	•		from the date of designation.
	Client Signatu	ıre		Date
x	Duami Cianati			
	Proxy Signatu	ire		Date
Agency Use Onl Approved by:	у			
Print Name		Signatu	ıre	Date

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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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