

The Emergency Food Assistance Program (TEFAP) Proxy Form

Form must be completed in ink and cannot be altered once completed

TEFAP Participant

Organization Type: Food Bank Food Pantry Mobile Food Pantry Soup Kitchen

If Mobile Food Pantry, proxy designation must be completed for each distribution

Date Form Completed:

Proxy certification period is valid July 1-June 30 as associated with the Income Eligibility Guidelines

TEFAP Participant's Name:

Address:

City:

Zip Code:

I hereby designate _____ (first and last name of Proxy) to serve as my proxy to sign required TEFAP Participant documents, provide eligibility information, and pick up my TEFAP USDA foods from the following agency:

TEFAP Participant's Signature: _____

TEFAP Proxy

I understand that, as their TEFAP Proxy, I take full responsibility for the actions of my TEFAP participant. As a TEFAP Proxy, I am required to ensure that the TEFAP Participant's income falls within the TEFAP income eligibility guidelines and that all the necessary TEFAP paperwork has been completed.

In addition, I understand that I must present a valid ID to receive TEFAP foods on behalf of the TEFAP Participant and provide my signature on the TEFAP Self-Declaration Form in the follow manner: **PROXY; (Proxy's Signature)**.

TEFAP Proxy's Signature: _____

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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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