Proxy Form for Client Management Tool

I, _____,
First Name Last Name
give permission for the undersigned to sign and receive The Emergency Food Assistance Program (TEFAP) and/or Non-Government Food program food due to my inability to pick up the food. I understand that the use of the designated Proxy is only valid for 6 months. **Every six months, a Proxy form must be completed.**

I understand that I am responsible for the actions of my identified proxy and that Fulfill or the pantry is not responsible for the actions of the proxy. I am also aware that the actions of my proxy may affect my participation in The Emergency Food Assistance Program (TEFAP) and/or Non-Government Food program.
By signing this form, my designated proxy understands that the foods are for my use only and not the use of the proxy or any other individual(s).

Signature of Participant: _____
Today's Date: _____

Name of Proxy: _____
Signature of Proxy: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:
http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(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.

This institution is an equal opportunity provider.

For Official Use Only
Food Pantry/Site _____

Authorized signature_____ Date: _____

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