

Letter of Proxy*

Date: _____

First and Last Name of Client: _____

Client's Address: _____

Client's Phone Number: _____

Number of People in Household by age:

Age 60+: _____ Age 18 – 59: _____ Age birth – 17 : _____ Total: _____

To: Feeding Medina County

From(First and Last Name of Client): _____

This letter is to certify that my household meets the current income guidelines for food assistance according to the "Federal and State Funded Food Programs Eligibility to Take Food Home Form." I am not able to appear in person due to health issues or scheduling conflicts to obtain the food. Therefore, I hereby give permission to the person(s) listed below to sign my Ohio Department of Job and Family Services FEDERAL AND STATE FUNDED FOOD PROGRAMS ELIGIBILITY TO TAKE FOOD HOME (TEFAP) Form in my absence:

Proxy Name: _____

Proxy Complete Address: _____

If you have any questions or concerns regarding my eligibility or any of the information provided above, you may contact me at the phone number listed. Thank you for your assistance.

Sincerely,

(Signature of Client)

(Date Signed)

*MUST BE UPDATE ANNUALLY AND/OR IF HOUSEHOLD COMPOSITION CHANGES

** This form can also be downloaded at www.akroncantonfoodbank.org/need-food