

# Food Pantry or Produce Market -Proxy Shopper Form

The person picking up the food must show the Letter of Proxy at registration. The person picking up the food must have their own valid photo ID.

## **Release** (customer receiving food)

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. I give permission to the person listed below to sign my form in my absence:

I, \_\_\_\_\_ (Customer – Print Name) authorize  
\_\_\_\_\_  
(Proxy Shopper – Print Name) to pick up and deliver  
food from the Pantry Program to me.

## **My Address:**

\_\_\_\_\_

**My Phone Number:** \_\_\_\_\_

## **How many People in My Household by Age:**

**Ages:** 0-17: \_\_\_\_\_ 18-59: \_\_\_\_\_ 60+: \_\_\_\_\_

## **Proxy Information**

Please complete the following information describing the proxy.

**Proxy Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Please Note: The *Proxy* will sign their name/initials on the eligibility form NOT the Customer Name.

Thank you for your assistance.  
Sincerely,

\_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE UPDATED ANNUALLY AND/OR IF HOUSEHOLD COMPOSITION CHANGES.**