

# Proxy Shopper Form

A *proxy* is a person who picks up food for another person.

The person picking up the food must show a Letter of Proxy form at registration.

**Customer Information** - Filled out by 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, transportation 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 to me.

## My Address:

Street address: \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Zip Code \_\_\_\_\_

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

## How many People in My Household by Age:

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

## Proxy Information - Person who is picking up the food.

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,

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