

Proxy Form



Client's Name: _____

Date of Birth: _____ Gender: _____ Ethnicity: _____

Address: _____

City: _____ Zip Code: _____

Phone #: _____ Household Monthly Income: _____

Social Programs Received: CSFP SNAP LEAP TANF OAP AND AB SSI

Additional Household Members:

Last Name	First Name	Date of Birth	Relationship to Primary Client

Please list any additional household members on reverse side of form.

Program: TEFAP EverGreen Box (CSFP) Mobile Pantry

I hereby designate _____ and _____

Name of Proxy

Name of Second Proxy (Optional)

to serve as my proxy to sign required documents, provide eligibility information, and pick up my food benefits from the following agency: _____

Name of Agency

By signing this form, you agree to have your name and information in our Link2Feed client intake system. Your information may be viewed by Food Bank of the Rockies partners to help us better serve your community.

You can also create your own profile within Link2Feed by visiting <http://newclient.link2feed.com/> or scanning the QR Code.

Already have a Link2Feed Client ID #? No need to reregister.



Please indicate Link2Feed Client ID # here (if applicable): _____

We value the confidentiality of your information. If you wish to have this information removed please email: L2F@foodbankrockies.org.

Client Signature: _____ Date: _____

Proxy Signature: _____ Date: _____

Second Proxy Signature: _____ Date: _____

Completed by Recipient Agency

Check all that apply:

- New Client (Client application must be attached)
- Renewal
- Mobile Pantry

Renewal Period**: _____ To: _____
Today's Date (month/year) 1 year from today's date (month/year)

Link2Feed Client ID Number: _____ Has Proxy been indicated on Link2Feed? **Y / N**

****MP clients must designate a proxy for each distribution, no exceptions****