

# 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. Link2Feed is used to determine program eligibility and provide Food Bank of the Rockies and its partners information about hunger relief efforts in the 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. To learn more about Link2Feed's data security measures, visit: <http://bit.ly/DataPromise>**  
**If you wish to have this information removed please email: [L2F@foodbankrockies.org](mailto:L2F@foodbankrockies.org).**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proxy Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Proxy Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This institution is an equal opportunity provider.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

**2. fax:**

(833) 256-1665 or (202) 690-7442; or

**3. email:**

program.intake@usda.gov

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<i>Completed by Recipient Agency</i>	
Check all that apply:	
<input type="checkbox"/>	New Client (Client application must be attached)
<input type="checkbox"/>	Renewal
<input type="checkbox"/>	Mobile Pantry
<input type="checkbox"/>	
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? <b>Y / N</b>	
<b>**MP clients must designate a proxy for each distribution, no exceptions**</b>	

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