



PROXY AUTHORIZATION FORM
(Person getting the food box must sign at the bottom)

Name: _____ **Date:** _____

Physical Address: _____

City: _____ **County:** _____

Phone Number:(_____) _____

Why do you need someone to pick up your commodities?

Do you receive SNAP (Food Stamps)? _____ **Yes** _____ **NO**

Total People living in the Household? _____

Total Household Monthly Income: \$ _____

I authorize (Proxy Name) _____ **to pick up my commodities.**

Proxy phone number:(_____) _____

Client Signature: X _____