

# TEFAP Proxy Consent Form

Beneficiary Name \_\_\_\_\_

Address \_\_\_\_\_

City and ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_

I hereby designate \_\_\_\_\_ to serve as my proxy to sign  
(First and Last Name of Proxy)

required documents and pick up food benefits from the Food Bank of Lincoln, Lincoln, NE.

I understand that I take full responsibility for the actions of my proxy. I will inform them of the proper procedures when acting on my behalf. My signature declares my continued eligibility for food benefits.

\_\_\_\_\_  
Beneficiary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proxy Signature

\_\_\_\_\_  
Date

## For office use only-Approved by:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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