REV 10/23

Proxy Consent Form

Please Complete (TEFAP) Emergency Food Assistance Program Beneficiary Information Below

Beneficiary Name _____

Address _____

City and Zip Code _____

Phone Number _____

I hereby designate:_____(Name of Proxy)

First Last

To serve as my proxy to sign required documents, and pick-up my food benefits from the following agency:

_____ _____

Name of Agency City

I understand that I take full responsibility for the actions of my proxy. I will inform him, her or 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

Agency Use Only - Approved By:		
Print Name	**Signature**	**Date**

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint- Form-0508-0002-508-11-28-17Fax2Mail.pdf , and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. Send your completed form or letter to us by mail at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW; Washington, D.C. 20250-9410. By fax: (202) 690-7442 or email at program.intake@usda.gov.

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