



Letter of Proxy

Date: _____

Customer Full Name _____
Last First Middle

Customer Address _____
Number Street

City Zip

Phone number area code first Must have a working phone number to contact

Date of Birth Month/Day/Year

Number of People in Household by age:

Age 60+ _____ Age 18 – 59 _____ Age birth – 17 _____ Total: _____

To: Good Samaritan Hunger Center

From: _____
Client Name

This letter is to certify that my household meets the current income guidelines for food assistance according to the “Federal and State Funded Food Programs Eligibility to Take Food Home Form.” I am not able to appear in person due to health issues or scheduling conflicts to obtain the food. Therefore, I hereby give permission to the person(s) listed below to sign my Ohio Department of Job and Family Services FEDERAL AND STATE FUNDED FOOD PROGRAMS ELIGIBILITY TO TAKE FOOD HOME (TEFAP) Form in my absence:

Proxy Name

Proxy Address

City, State Zip

If you have any questions or concerns regarding my eligibility or any of the information provided above, you may contact me at the phone number listed above. Thank you for your assistance.

Sincerely,

Client Signature

*MUST BE UPDATED ANNUALLY AND/OR IF HOUSEHOLD COMPOSITION CHANGES