

## Letter of Proxy\*

Date

(First and Last Name of Client)

(Client's Address)

(Client's City), (Client's State) (Client's Zip)

(Client's Phone Number)

Number of People in Household by age:

Age 60+: \_\_\_\_\_ Age 18 – 59: \_\_\_\_\_ Age birth – 17 : \_\_\_\_\_ Total: \_\_\_\_\_

To: Stark County Hunger Task Force

From: (First and Last Name of Client)

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 Complete Address)

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. Thank you for your assistance.

Sincerely,

(Signature of Client)

(Date Signed)

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