

Food Pantry or Produce Market -Proxy Shopper Form

The person picking up the food must show the Letter of Proxy at registration. The person picking up the food must have their own valid photo ID.

Release (customer receiving food)

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. I give permission to the person listed below to sign my form in my absence:

I, _____ (Customer – Print Name) authorize

___ **Door Dash** _____ (Proxy Shopper – Print Name) to pick up and deliver food from the Pantry Program to me.

My Address:

My Phone Number: _____

How many People in My Household by Age:

Ages: 0-17: _____ 18-59: _____ 60+: _____

Proxy Information

Please complete the following information describing the proxy.

Proxy Name: _____

Phone Number: _____

Please Note: The Proxy will sign their name/initials on the eligibility form NOT the Customer Name.

Thank you for your assistance.

Sincerely,

_____ Date: _____

THIS FORM MUST BE UPDATED ANNUALLY AND/OR IF HOUSEHOLD COMPOSITION CHANGES.