

# TEFAP Proxy Form



\*Client's Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please indicate Link2Feed Client ID # here (if applicable): \_\_\_\_\_

I hereby designate \_\_\_\_\_ and \_\_\_\_\_  
Name of Proxy Name of Second Proxy (Optional)  
to serve as my proxy to sign required documents, provide eligibility information,  
and pick up my TEFAP food benefits.

\*Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Proxy Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Proxy Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Agency Use Only

Approved by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This institution is an equal opportunity provider.

Last update:  
6/25/2025