



## Letter of Proxy Proxies must be updated annually

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

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Address

\_\_\_\_\_  
Client City, State Zip

Must have a working phone number included

\_\_\_\_\_  
Client Phone Number

### Number of People in Household by age:

Age 60+ \_\_\_\_\_

Age 18 – 59 \_\_\_\_\_

Age birth – 17 \_\_\_\_\_

Total: \_\_\_\_\_

To: \_\_\_\_\_  
Agency Name

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