

Kentucky Department of Agriculture

Proxy Form

Clients Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

Program: TEFAP CSFP

I hereby designate _____ (Name of Proxy) to serve as my proxy to sign required documents, provide eligibility information, and pick up my food benefits from the following agency:

Renewal Period: _____ To: _____

Today's date (month/year)

1 year from today date (month/year)

This institution is an equal opportunity provider.

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