

# THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)

## Proxy Form / Formulario De Poder

I give my permission for the undersigned to sign for receipt of my TEFAP commodities, due to my inability to pick up my TEFAP commodities.

Doy permiso para que la persona abajo firmante, firme la aceptacion de mis productos debido a mi incapacidad para recogerlos

Client / Cliente

Proxy / Apoderado

\_\_\_\_\_  
Print name of client  
Nombre impreso del cliente

\_\_\_\_\_  
Print name of Proxy  
Nombre impreso del destinatario

\_\_\_\_\_  
Signature of Client  
Firma del cliente

\_\_\_\_\_  
Signature of Recipient  
Firma del destinatario

\_\_\_\_\_  
Date / Fecha

\_\_\_\_\_  
Relationship / Relacion

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Pantry