



**New Jersey Department of Agriculture
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)**

Proxy Form

This form is not intended for bulk pickups. Identification of the proxy must be certified. Proxy form will be updated annually along with the Client Intake form as needed

I authorize the individual named below to collect my TEFAP USDA Foods on my behalf due to my inability to do so in person, such as being homebound.

Client Information:

- Print Name of Client / Nombre impreso del cliente: _____
- Signature of Client / Firma del cliente: _____
- Pantry / Despensa: _____
- Date / Fecha: _____
- Client number / Número el client: _____

Proxy Information:

- Print Name of Proxy / Nombre impreso del apoderado: _____
- Signature of Proxy / Firma del apoderado: _____
- Relationship to Client / Relación con el client: _____
- Pantry / Despensa: _____
- Date Signed / Fecha de firma: _____

[] Certification: Identification of the proxy has been verified.