## **Kentucky Department of Agriculture**

## **Proxy Form**

Clients Name:		
Phone:		
Program:	TEFAP CSFP	
	quired documents, provide elig	(Name of Proxy) to serve gibility information, and pick up my food benefits fro
Renewal Period:		
	Today's date (month/year)	1 year from today date (month/year)
	This institution is an equal	opportuntiy provider.
	Kentucky Departme	
	Proxy I	-orm
lients Name:		<del></del>
hone: rogram:	TEFAP CSFP	
hereby designate ny proxy to sign requi		(Name of Proxy) to serve as lity information, and pick up my food benefits from
ne following agency:		
enewal Period:	T	o:
	Today's date (month/year)	1 year from today date (month/year)

This institution is an equal opportunity provider.