

**Kentucky Department of Agriculture**

**Proxy Form**

Clients Name: \_\_\_\_\_

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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