

# Proxy Form

I \_\_\_\_\_ (print name) give \_\_\_\_\_ (name)

permission to sign on my household's behalf:

\_\_\_\_\_ (date) until \_\_\_\_\_ (date).

By use of this proxy form I, the recipient of the food, certify that my current gross household income is at or below the income listed on the Ohio Department of Job and Family Services Federal and State Funded Food Programs Eligibility to Take Food Home form.

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Number of Seniors: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Kids: \_\_\_\_\_

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