

LETTER OF AUTHORIZATION TO DESIGNATE A PROXY AT MOBILE FOOD DISTRIBUTION EVENTS.

Date: \_\_\_\_\_

This letter is to certify that \_\_\_\_\_  
(Print Authorized Proxy Name)

has been authorized to pick up food on my behalf at the following mobile food distribution events in Galveston County:

Please write site name(s) in the blanks provided:


Household income per month: \_\_\_\_\_

Do you participate in any of the following social programs – SNAP, TANF/AFDC, WIC, NSLP, SSI, Medicaid?

Circle one: YES or NO

Is there an emergency situation for which you seeking out food assistance? If yes, explain here:

\_\_\_\_\_

Start Date of Authorization: \_\_\_\_\_

End Date of Authorization: \_\_\_\_\_

Sincerely,

\_\_\_\_\_

Participant's Name (printed)

\_\_\_\_\_

Participant's Signature

