

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



This letter is to certify that _____ 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 address: _____

Number of household members: _____

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

Are you experiencing a household crisis for which you are seeking food assistance? Circle one: YES or NO

Additional questions*:

of children 0-17: ____ # of adults 18-59: ____ # of seniors 60+: ____

What ethnicity do you identify as? Please check one:

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Caucasian | |

Sincerely,

Participant's Name (printed)

Participant's Signature

Start Date of Authorization: _____ End Date of Authorization: _____

A designated proxy should show proof of their identification at food events. Participants may also provide their own written letter of authorization that includes the following: 1) Participant's Name, 2) Name of Site 3) Authorization, including proxy name 4) Duration of proxy. *These questions are requested but not required.