

**LETTER OF AUTHORIZATION TO DESIGNATE A PROXY AT GALVESTON COUNTY FOOD BANK
MUST BE FILLED OUT AND SIGNED BY PARTICIPANT - NOT PROXY**

Date: _____ Participant's Name: _____

This letter is to certify that _____ has been authorized to pick up food on my behalf.
(Print Authorized Proxy Name)

Start Date of Authorization*: _____

End Date of Authorization: _____

*Authorization not to exceed one year.

Location: 624 4th Ave N, Texas City, Texas 77590

Participant's Information-

Household income per month: _____ Household Size: _____

Do you participate in any of the following social programs – SNAP, TANF, WIC, NSLP, SSI, Medicaid, Other: _____? Circle if listed.

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

*Additional information:

Date of Birth: _____ Phone Number: _____

Address: _____

Ethnicity/Race (circle one): Black Caucasian Hispanic Asian Other: _____

Additional Household Member Name & DOB: _____

Additional Household Member Name & DOB: _____

Additional Household Member Name & DOB: _____

Additional Household Member Name & DOB: _____

Additional Household Member Name & DOB: _____

Additional Household Member Name & DOB: _____

Proxy Phone number: _____

Participant's Signature

**PROXY WILL BE REQUIRED TO SHOW ID
EVERYTIME THEY PICK UP FOR
PARTICIPANT**

This institution is an equal opportunity provider.

*Additional Information not required to receive service at GCFB

