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

Participant's Name: _____

This letter is to certify that _____ is at least 18 years of age and has
(Print Authorized Proxy Name)
been authorized to pick up food on my behalf. Proxy phone number: _____

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: _____ Number of Household Members: _____

Circle participating social programs – SNAP, TANF, WIC, NSLP, SSI, Medicaid

Other participating social programs if not 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): African American 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: _____

_____
Participant's Signature

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

_____
Date

This institution is an equal opportunity provider.
*Additional Information not required to receive service at GCFB

Galveston County FOOD BANK
houstonfoodbank Partner