

Proxy Form



*Client's Name: _____

*Date of Birth: _____ Gender: _____ Ethnicity: _____

*Address: _____

*City: _____ *Zip Code: _____

Phone #: _____ Household Monthly Income: _____

Social Programs Received: CSFP SNAP LEAP TANF OAP AND AB SSI

Additional Household Members:

| Last Name | First Name | Date of Birth | Relationship to Primary Client |
|-----------|------------|---------------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Please list any additional household members on reverse side of form.

*Program: TEFAP EverGreen Box (CSFP) Mobile Pantry

I hereby designate _____ and _____
Name of Proxy Name of Second Proxy (Optional)
to serve as my proxy to sign required documents, provide eligibility information,
and pick up my food benefits from the following agency: _____
Name of Agency

By signing this form, you agree to have your name and information in our Link2Feed client intake system. Link2Feed is used to determine program eligibility and provide Food Bank of the Rockies and its partners information about hunger relief efforts in the community.

You can also create your own profile within Link2Feed by visiting <http://newclient.link2feed.com/> or scanning the QR Code.
Already have a Link2Feed Client ID #? No need to reregister.



Please indicate Link2Feed Client ID # here (if applicable): _____

We value the confidentiality of your information. To learn more about Link2Feed's data security measures, visit: <http://bit.ly/DataPromise>
If you wish to have this information removed please email: L2F@foodbankrockies.org.

Client Signature: _____ Date: _____

Proxy Signature: _____ Date: _____

Second Proxy Signature: _____ Date: _____

This institution is an equal opportunity provider.

Last update: 6/8/2021

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

| <i>Completed by Recipient Agency</i> | |
|---|--|
| Check all that apply: | |
| <input type="checkbox"/> | New Client (Client application must be attached) |
| <input type="checkbox"/> | Renewal |
| <input type="checkbox"/> | Mobile Pantry |
| Renewal Period**: | To: |
| _____ | _____ |
| Today's Date (month/year) | 1 year from today's date (month/year) |
| Link2Feed Client ID Number: _____ Has Proxy been indicated on Link2Feed? Y / N | |
| **MP clients must designate a proxy for each distribution, no exceptions** | |

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