

Mobile Market Program Proxy Letter



Agency & Program Services

To: (Mobile Market Site) _____

From: (Shopper's Name) _____

Shopper's Address _____

Shopper's Phone Number: _____

Number of People in Household by age:

Total: _____ Age birth – 17: _____ Age 18 – 59: _____ Age 60+: _____

This letter is to certify that if I am not able to appear in person due to transportation barriers, health issues or scheduling conflicts to obtain the food, I give permission to the person(s) listed below to sign the Mobile Market Eligibility to Take Food Home Sign-in sheet in my absence. This person(s) will sign their name, my name and my household information provided above.

1. Proxy Name: _____

Proxy Complete Address: _____

2. Proxy Name: _____

Proxy Complete Address: _____

3. Proxy Name: _____

Proxy Complete Address: _____

If you have any questions or concerns regarding my eligibility or any of the information provided above, you may contact me at the phone number listed.
Thank you for your assistance.

Sincerely,

(Signature of Client)

Date:

*MUST BE UPDATE ANNUALLY AND/OR IF HOUSEHOLD COMPOSITION CHANGES