

**North Carolina Department of Agriculture and Consumer Services
Food Distribution Division**

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) PROXY AUTHORIZATION

Name of Food Bank/Food Pantry/Distribution Site:
Participant's Name:
Participant's County of Residence:
Number of people living in participant's household:
Does participant receive FNS benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Household monthly gross income: \$

I authorize the following person(s) to pick up food for me from this TEFAP distribution site:

Proxy full name:
Proxy full name:
Participant's Signature: _____ Date: _____

PROXY AUTHORIZATION PERIOD IS VALID OCTOBER 1st -SEPTEMBER 30th AND MUST BE RENEWED ANNUALLY WITH THE UPDATED INCOME ELIGIBILITY GUIDELINES

TEFAP participants can update their information and/or change their designated proxies anytime during the year.

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