

**FOR PANTRY ONLY**  
**Eligibility to Take Food Home Form**  
**Letter of Proxy**



To: (Name of Partner Charity) \_\_\_\_\_

From: (Recipient's Name) \_\_\_\_\_

Recipient's Address (Optional): \_\_\_\_\_

Zip Code (Required): \_\_\_\_\_ County (Required) \_\_\_\_\_

Recipient's Phone Number: \_\_\_\_\_

This letter is to certify that my household meets the current income guidelines for food assistance according to the "Federal and State Funded Food Programs Eligibility to Take Food Home Form." I am not able to appear in person due to health issues or scheduling conflicts to obtain the food. Therefore, I hereby give permission to the person(s) listed below to sign my Ohio Department of Job and Family Services FEDERAL AND STATE FUNDED FOOD PROGRAMS ELIGIBILITY TO TAKE FOOD HOME (TEFAP) Form in my absence:

Proxy Name: \_\_\_\_\_ Proxy Signature: \_\_\_\_\_

Proxy Complete Address (Optional): \_\_\_\_\_

Zip Code (Required): \_\_\_\_\_ County (Required) \_\_\_\_\_

Proxy Phone Number: \_\_\_\_\_

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 Recipient)

\_\_\_\_\_  
Date

**\*MUST BE UPDATED:**

- Annually when Income Eligibility Guidelines Change
- If Household Information Changes
  - For example, address change, household size change, etc.