## **Letter of Proxy**

Date:			
Client Name			
Client Address			
Client City, State Zip			
Client Phone Number			
Number of People in Househ	old by age:		
Age 60+ Age 18	3 – 59	Age birth – 17	Total:
To: Agency Name			
From:			
Client Name			
according to the "Federal and am not able to appear in pe Therefore, I hereby give perm and Family Services FEDERAL HOME (TEFAP) Form in my ab	rson due to healt ission to the perso - AND STATE FUN	h issues or scheduling conflic on(s) listed below to sign my C	cts to obtain the food. Ohio Department of Job
Proxy Name			
Proxy Address			
City, State Zip			
If you have any questions or above, you may contact me at	_		· ·
Sincerely,			
Client Signature			

<sup>\*</sup>MUST BE UPDATE ANNUALLY AND/OR IF HOUSEHOLD COMPOSITION CHANGES