



Food Pantry Proxy Form

The Food Pantry Proxy Form gives your permission for a predetermined individual to pick up your monthly USDA Commodities and Food Pantry items for a determined amount of time. A new Food Pantry Proxy Form will need to be filled out after the set expiration date.

I, (printed Head of Household name) _____
give permission to (printed proxy name) _____,
an individual or agency that I trust, to pick up my monthly USDA Commodities and Food Pantry
Items from SERVE, Inc. for the set amount of time listed below.

_____ 1 Time Only _____ 3 Months _____ 6 Months
 _____ 9 Months _____ 12 Months

I understand I will need to fill out a new Food Pantry Proxy Form this agreement has expired.
_____ (initial)

I understand I have the right to contact SERVE Inc. to change my proxy at any time.
_____ (initial)

I understand I may cancel the proxy on file at any time.
_____ (initial)

I understand SERVE, Inc. is not responsible if a Proxy misuses their status as a Proxy.
_____ (initial)

Client Address: _____

Client Phone Number: _____

Proxy Phone Number: _____

Client Signature: _____ Date: _____

OFFICE USE ONLY: Effective Start Date: _____ Proposed End Date: _____	Staff Signature: _____
Termination Date: _____	Staff Signature: _____