

Proxy Authorization Letter

A proxy is anyone designed by the eligible participant to pick up farmers market nutrition program benefits on their behalf.

[Date]

My name is *[participant first and last name]*; I am requesting that *[proxy first and last name]* pick up my Senior Farmers Market Nutrition Program coupons. My self-declaration income form confirming eligibility is attached. Please contact me with any questions.

[Participant Name]

[Address]

[Phone number with area code]

Proxy authorization includes:

1. A valid proxy letter (above)
2. A photocopy of the participant's picture ID that shows the participant's name and address
3. A copy of the signed income self-declaration form OR participant's CFSP card