COLORADO
Office of Economic Security
Division of Food & Energy Assistance

Proxy Form

Client Name _____

Address _____

City and Zip Code _____

Phone Number _____

Program: ☐ TEFAP ☐ CSFP

I hereby designate _____
Name of Proxy

to serve as my proxy to sign required documents, provide eligibility information, and pick up my food benefits from the following agency _____

For the period of _____ to _____
month and year *month and year*

Clients may designate a proxy up to one calendar year from the date of designation.

X _____ _____
Client Signature **Date**

X _____ _____
Proxy Signature **Date**

Agency Use Only
Approved by:

_____ _____ _____
Print Name **Signature** **Date**

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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