Department of Health & Human Services
DHHS
NEBRASKA

Proxy Consent Form

Please Complete (TEFAP) Emergency Food Assistance Program Beneficiary Information Below

Beneficiary Name _____

Address _____

City and Zip Code _____

Phone Number _____

I hereby designate: _____ _____ (Name of Proxy)
First Last

To serve as my proxy to sign required documents, and pick-up my food benefits from the following agency:

Project Hope Inc. Omaha
Name of Agency City

I understand that I take full responsibility for the actions of my proxy. I will inform him or her of the proper procedures when acting on my behalf. My signature declares my continued eligibility for food benefits.

_____ _____
Beneficiary Signature Date

_____ _____
Proxy Signature Date

Agency Use Only - Approved By:

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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. Send your completed form or letter to us by mail at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW; Washington, D.C. 20250-9410. By fax: (202) 690-7442 or email at program.intake@usda.gov.

This Institution is an Equal Opportunity Provider