



## Older Adult Community Market Proxy Form

This proxy form is intended for an older adult, sixty years and older, who is physically unable to participate in the Older Adult Community Market Produce distribution.

**Please Print**

**Name of Recipient:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Household Size:** \_\_\_\_\_

Do you currently receive SNAP benefits? **YES / NO**

**Name of Proxy:** \_\_\_\_\_

Designated Delivery Person

Please sign below confirming that you give permission to your designated proxy to receive food on your behalf.

**Signature of Recipient:** \_\_\_\_\_

**Signature of Proxy:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Older Adult Choice Market Site:** \_\_\_\_\_

**Signature of Site Coordinator:** \_\_\_\_\_

Proxy: This form is to be submitted to the Older Adult Community Market at the time of food distribution.