



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.