

The Emergency Food Assistance Program  
Pennsylvania TEFAP Proxy Form

Date \_\_\_\_\_

I \_\_\_\_\_ hereby authorize \_\_\_\_\_ to pick up my  
TEFAP Food Package and deliver it to me.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Proxy Signature

\_\_\_\_\_  
Pantry Representative

Proxy ID Verified