

EVERY 1ST TUESDAYS MONTHLY: 12:00PM-2:00PM

January						
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October						
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November						
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December						
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25	26	27	28	29	30	31

Mobile Markets are designed to distribute fresh fruits, vegetables, perishable and nonperishable products to the community without the need for storage. This is accomplished in a same-day, pop-up style distribution supported by the agency partner and their volunteers. All clients must bring valid ID. USDA and this institution are equal opportunity providers and employers. To file a complaint of discrimination, complete the form (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html. For any questions please call us at 602-343-4124



What is a "Proxy"?

If a client is unable to pick up food themselves, they may designate a "proxy".

Proxies are individuals who have received permission from a client to pick up food on the client's behalf.

Proxies **MUST** present the following to receive client's food:

*Required at very **first pickup** for client.*

1. A valid proxy note or a pre-completed, signed Application for Benefits
2. Client Identification Card (can be copy of ID, a photo of the ID, or use Facetime)
3. Proxy's Identification Card
4. For Senior Program **ONLY**: Proxy should sign client's Yellow Card under "Proxy" section.

*Required **every time** the proxy picks up:*

1. Proxy's Identification Card
2. Verification the individual is listed as a proxy for the client in Link2Feed or a note is on file.
3. For the Senior Program **ONLY**, Proxy can present client's physical Yellow Card and should be listed as their Proxy on the card and/or be listed in L2F under the CSFP tab.

If an individual does not have appropriate documentation for proxy status, please give proxy this document to review. Proxy may not take client's food at this time

Valid Proxy Note Requirements:

1. Client's First and Last name
2. Client's Address, State, Zip code
3. Number of children and adults in the household
4. Name of designated proxy (up to 3)
5. Client signature
6. Explanation that the client cannot pick up for themselves and the proxy will instead
7. Client Birthday

Sample Letter:

March 20, 2021

My name is John L. Carlson, and my birthday is on 01/01/0001; I am requesting that Jasmine Lindsay and Aaron Stevens pick up a box for my family and me. There are 4 children and 2 adults in the household. Please contact me with any questions at 123-456-7890.

John L. Carlson
1789 W. Food Bank Way
Phoenix AZ 85042

Designated Proxies Are Able to:

- For USDA Product **Only** (TEFAP/CSFP) - Complete the Application for Benefits
- Provide the participant's verification documents
- Report changes to the participant's household circumstances
- Receive the participant's commodity distribution

Recording Proxy Visits:

- Proxies who pick up TEFAP or CSFP commodities on behalf of a client, should be recorded under the individual client's profile in Link2Feed. These numbers are automatically included in the monthly statistics report provided to SMFB
- If the agency is a donated only site, the Proxy will provide the required information needed to pick up for a client, and the Agency will sign the client in on SMFB's non-TEFAP sign in sheets

Documenting Proxies

Agencies **MUST** keep proxy notes on file OR record them in Link2Feed.

If using Link2Feed:

- Link2Feed allows up to 3 people to act as a proxy for an individual.
- Proxies must be designated on the client's Link2Feed profile
- Written proxy forms must be kept on file at the distribution site

If you are not creating individual profiles in Link2Feed:

- Keep a digital or physical copy of the proxy note.

Please contact your SMFB Representative with any additional questions

____/____/____
Day Month Year

My name is _____ and my birthday is on ____/____/____;
Client's Name Here Client's Birthday

I am requesting that _____ pick up food for my family and me. There
Proxy's Name Here

are ____ children and ____ adults in the household. Please contact me with any

questions at (____) ____-____.

Client's Phone Number Here

Client Signs Here:

Print Name: _____

Address _____ Apt # _____

City _____, State _____

Zip Code: _____