

Interchurch Social Services of Knox County

Permission for Food Pickup Letter

To: **Interchurch Social Services of Knox County**

From: _____ (Your Name)

_____ (Address)

_____ (Phone)

Number of People in Household by age:

Age 60+: _____ Age 18 – 59: _____ Age birth – 17: _____ Total: _____

This letter is to certify that my household meets the current income guidelines for food assistance according to the Federal and State Funded Food Programs Eligibility to Take Food Home Guidelines, which are available for review at hopeinohio.org/eligibility.

I am not able to appear in person to pick up food due to health issues, scheduling conflicts, or transportation issues. Therefore, I hereby give permission to the person(s) listed below to pick up food on my behalf and to acknowledge receipt of the food by signing the required form or checking in at the kiosk on my behalf. Because Center of Hope distributes some foods made available through State and Federal Programs, recipients are asked to complete the 'Federal and State Funded Food Programs Eligibility To Take Food Home' form. A copy of this form can be found at hopeinohio.org/eligibility.

Pickup Person's Full Name: _____

Address: _____

Phone: _____

If you have any questions or concerns regarding my eligibility or any of the information provided above, you may contact me at the phone number listed. Thank you for your assistance.

Sincerely,

(Signature)

Date: