CITY OF DES MOINES

Des Moines Community Action Agency

BE IT KNOWN that I, _____, the undersigned, hereby appoint _____, whose relation to me is _____, as my proxy to apply for those programs and services that are checked below.

- ☐ Air Conditioners for medical needy
- ☐ Aging Resources/ Senior Living Program
- ☐ Assessment & Resolution (A&R)
- ☐ Experience Greater Des Moines/ Fun Pass
- ☐ Fan Program
- ☐ Food Pantry/Personal Pantry
- ☐ Furnace Repair
- ☐ Garden Program
- ☐ Holiday Food or Toy Program
- ☐ LIHEAP
- ☐ OTT
- ☐ Public Improvement Assessment Credit
- ☐ State Programs
- ☐ Window plastic and caulk
- ☐ _____
- ☐ _____

This proxy designation only applies to the programs checked above and will be in effect for one year from the date of my signature.

I may evoke this proxy at any time by written notification to the supervisor at the Community Service Site Office nearest to my home.

I understand that I may be contacted by phone to verify the proxy designation each time a program or service is being requested on behalf of the proxy.

_____ _____ _____
Client Signature Date Phone Number

_____ _____ _____
Proxy Signature Date Phone Number