W-1708

**Staff use only**

Renewal date\_\_\_\_\_

End date

 (New 2/22)

Please complete a separate recertification form for each person enrolling in the program.

Recertification forms must be received before the last day of the certification period.

Name:

Street address: Apt. number:

City: State: Zip:

E-mail address:

Primary phone number: Alternate phone number:

Total number of people in household: Monthly household income:

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Proxy Update**

If there is no change, there is no need to complete this section. If you need to change your proxy (the person who picks up food for you) then you must complete the information below. The proxy must present appropriate identification at the time of food pick-up.

Individual or organization:

If organization, contact person:

Address:

City: Zip Code: Telephone Number:

If not returning in person, please mail this form to:

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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