



IMPACT
COMMUNITY ACTION PARTNERSHIP
Working together to change lives.

IMPACT Community Action Partnership Proxy Form

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

<input type="checkbox"/> All Programs & Services <i>All Utility, Housing, Local, and Health Programs and Services</i>	<input type="checkbox"/> Utility Programs <i>LIHEAP, LIHWAP, Weatherization, Emergency utility assistance, Fans & AC, Furnace Repair or Replacement</i>
<input type="checkbox"/> Housing Programs <i>Emergency Rental Assistance, Homeless Prevention, Deposit assistance, Mortgage assistance</i>	<input type="checkbox"/> Local Programs <i>GRASP, Polk Co. Nature Pass, Thrive, RAYS, Embrace</i>
<input type="checkbox"/> Health Programs <i>Food Pantry, Personal Hygiene Pantry, Food Cards</i>	

** Availability of programs and services will vary*

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 revoke this proxy at any time by written notification to IMPACT via mail (3226 University Ave, Des Moines, Iowa, 50311) or email to info@impactcap.org.

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.

Valid for one year once dated.

_____	_____	_____
Client Signature	Date	Client Phone Number
_____	_____	_____
Proxy Signature	Date	Proxy Phone Number