VETERANS SERVICE COMMISSION
2555 ARLINGTON AVE.
TOLEDO, OHIO 43614
PH (419) 213-6092 FAX (419) 213-6082

FOOD VOUCHER PICK UP AUTHORIZATION

This is to acknowledge that I,_____have authorized the following person(s) to pick up my food vouchers from the Lucas County Veterans Service Commission on my behalf.

Authorized person:
Authorized person :

☐ I also acknowledge that by signing this form to authorize the above person(s), I am giving my permission to allow them to come to get my food vouchers for up to one year from the date of this signed form, or until I give written notification to change it.

Signed

_____ 6/23/25

Signature of Recipient Date

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☐ I, _____, decline the option to have any other person **other than myself or my spouse** (if applicable), to pick up my food vouchers from the Veterans Service Commission.

Signed

_____ 6/23/25

Signature of Recipient Date

Witnessed on behalf of the Lucas County Veterans Service Commission by:

_____