Congregate Meal Program COVID-19 Signature Proxy

For the health and safety of seniors we encourage caregivers, family members, and friends of seniors who are not at high risk for COVID-19 to pick up lunch on their behalf.

**Instructions:**

- The individual collecting the meal for a qualified senior MUST be in possession of that senior’s Gold Card.
- The proxy signature shall only be used for the duration of Shelter in Place Order

This document shall be kept by the meal service provider, and made available if requested by DAAS OOA.

Consumer’s Name: _________________________________

Date Effective: _________________________________

Consumer’s DAAS CaGetCare ID: _________________________________

**Proxy Person:**

Print Name: _________________________________

Signature: _________________________________

Relationship: Caregiver  Son/Daughter  Friend  Other: ____________

Date: _________________________________

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**FOR PROVIDER’S USE ONLY** - To be completed by staff who processed the form.

Store completed form securely

Staff Name: _________________________________

Title: _________________________________

Date: _________________________________

Process Date: _________________________________