Commodity Supplemental Food Program (CSFP)

Proxy Form

CSFP Year: ________________

Date: ______________________

Agency: ______________________ County: ______________________

I, __________________________ hereby authorize ______________________

Client- Print Name Proxy- Print Name

to pick up and deliver my CSFP box to me.

________________________________
Client Signature

________________________________
Proxy Signature

☐ Proxy ID Verified

Distribution Site Coordinator Signature

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(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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