

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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