



Commodity Supplemental Food Program (CSFP)
Receipt of USDA Products
PROXY STATEMENT

This proxy is for the individual recipient who is unable to pick up a CSFP package at the designated location and time. Local agency or certification/distribution site staff or volunteer completes this form and verifies identity of applicant/participant and proxy.

CSFP Applicant / Participant Information(PLEASE PRINT)

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

DAYTIME PHONE NUMBER: _____

Proxy Information (PLEASE PRINT)

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

DAYTIME PHONE NUMBER: _____

One-Time Only

Permanent

Completed and
Verified By: _____ Date: _____

LA/Site Personnel Signature

Title of Verifier: _____