

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) PROXY DESIGNATION FORM

This form is intended for the CSFP participant/applicant (applicant) who is unable to apply, annually recertify, or renew for CSFP program participation at their designated CSFP site due to disability, health concern, transportation issue, or conflicting work hours and authorizes a designated proxy to apply or renew program participation on behalf of the applicant.

This entire form must be completed and signed by the CSFP applicant and the designated proxy. The form is then submitted to the CSFP distribution site where services are received.

CSFP Participant/Applicant:

Full Name: _____

Address: _____

Phone Number: _____

Date: _____

Reason for Proxy:

Disability / Mobility Limitation

Health / Medical Concerns

Transportation Limitations

Other: _____

Designated Proxy:

Full Name: _____

Phone: _____

Proxy Time Frame:

Until end of three-year certification

Application or Renewal by Proxy:

If I am unable to apply or renew for CSFP program participation due to disability, health concerns, transportation issues, or conflicting work hours, I give permission to my designated proxy to apply or renew my participation in the CSFP program and present the required information.

CSFP Participant/Applicant Signature: _____ Date: _____

I agree to complete the required information on behalf of the participant through the application or renewal process, and I have reviewed the CSFP Participant Rights and Responsibilities.

Proxy Signature: _____

Date: _____

For Local Agency Use Only:

Identification Reviewed

Dated Document Reviewed

This institution is an equal opportunity provider.