

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) ALTERNATE (PROXY) PICK UP FORM

This form is intended for CSFP participants who are unable to pick up their CSFP food package at their designated CSFP site due to disability, health concerns, transportation issues, or conflicting work hours and authorize a designated proxy to pick up on their behalf.

This completed form must be signed by the CSFP participant and submitted to the CSFP distribution site where services are received. As a reminder the recipients or their proxy must present some form of identification before receiving a food package.

CSFP Participant:

Full Name:	
Phone Number:	Date:
Address:	

REASON FOR PROXY:

- Disability / Mobility Limitation
- Health / Medical Concerns
- Transportation Limitations
- Conflicting Work Hours
- Other: _____

DESIGNATED PROXY:

Full Name: _____ Phone: _____

PROXY TIME FRAME:

- Ongoing as needed
- One time

PICKING UP CSFP FOOD PACKAGE:

I understand that any changes in the proxy designation must be in writing.

CSFP Participant Signature: _____ Date: _____

This institution is an equal opportunity provider.