

MAINE CSFP PROXY FORM

Local Agency Name

For the month of _____ I give permission for
(month / year)

_____ to pick up my CSFP Allocation.
(Name of Proxy)

I certify that this person is at least 18 years of age.

Printed Name of CSFP Participant

CSFP Case Number

Signature of CSFP Participant

Date

DO NOT complete this section until directed by a CSFP Staff Member	
I hereby acknowledge that I have received the above mentioned participant's CSFP Allocation for the month of _____ (month / year)	
_____ Signature of Proxy	_____ Date
_____ Signature of CSFP Staff Member	_____ Date

IMPORTANT REMINDER

The person you designate as your proxy must bring proof of his/her identification and this completed form to pick up and sign for your CSFP Allocation. You are responsible for informing your proxy of food distribution schedules.

A copy of this form must be placed in each participants file.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, sexual orientation, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY).

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