

COMMODITY SUPPLEMENTAL FOOD PROGRAM PROXY FORM

Name of CSFP participant: _____

Telephone number: _____

I give permission to the person/organization designated below to pick up my food. I understand that by giving permission to the person/organization listed below, I accept all responsibility for their actions. I certify this party is at least 18 years of age. This authorization becomes effective when received by the CSFP local agency. I will notify the CSFP local agency promptly if I wish to change my proxy.

Distribution Site: Danvers COA Senior Center, 25 Stone St. 978-762-0208

Distribution Site Proxy: Lisa Westrate/Pamela Parkinson/Angela Tsumis

Alternate Proxy: _____

Proxy Phone Number: _____

I understand that any change in this designation must be requested in writing. I also understand that it is my responsibility to notify the designated person of dates and times of distribution. If CSFP is not picked up for two months in a row, I understand I may be taken off the program. Proof of identification must be presented when picking up commodities.

Participant signature: X Date: _____

CSFP staff signature: _____ Date: _____

A copy of this form must be placed in each participant's file.

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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