



Commodity Supplemental Food Program (CSFP) Receipt of USDA Commodities – Proxy Form

This proxy form is intended for participants who are unable to pick up a CSFP package at their designated location and time due to disability, health concern, transportation issues, or conflicting work hours. This form must be completed by the participant designating his/her proxy and signed by both the participant and the designated proxy. Submit the completed form to the CSFP site in which you receive services. Site personnel will verify the information and sign on behalf of their agency.

CSFP Participant:

Name: _____ Date: _____

Address: _____

Reason for Proxy: _____

Designated Proxy:

Name: _____ Phone: _____

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 proxy of the date and time of distribution. If CSFP is not picked up for two months in a row, I understand that I may be taken off the program. The designated proxy must provide identification when picking up commodities at _____.

Signatures:

CSFP Participant

Designated Proxy

Verified by – CSFP Site Personnel (Name)

Agency Name

This proxy is valid up to a maximum of 36 months: For the length of certification Other: From _____ to _____

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer), (AD-3027) found online at: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> or at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Fax: (202) 690-7442; or

Email: program.intake@usda.gov

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