

Commodity Supplemental Food Program (CSFP) Senior Food Box Proxy Form

A proxy has permission to sign for you and pick up your CSFP box for a client.

This authorization will expire when the client's certification period ends unless the client indicates another date on this form.

Distribution Site: Schulz Rec Center

I, Charlie Brown,
NAME OF CLIENT (print)

authorize
Franklin Armstrong
NAME(S) OF PROXY(S) (print)

to represent me in the CSFP.

Charlie Brown
Signature of Client

9/20/22
Date



This institution is an equal opportunity provider.