

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 participants 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 you 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.

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