

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.

Alternate person/organization: Newton Senior Center

If an organization, contact person name: Emily Kuhl

Address: 345 Walnut St, Newton MA 02460

Telephone number where proxy can be reached: 617-796-1672

Email address for proxy: ekuhl@newtonma.gov

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: _____ 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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