



# COMMODITY SUPPLEMENTAL FOOD PROGRAM PROXY FORM

W-1707  
(Rev 4-16)

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: \_\_\_\_\_

If an organization, contact person name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number where proxy can be reached: \_\_\_\_\_

Email address for proxy: \_\_\_\_\_

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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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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