

Local Agency Name _____

During _____ (year), I give permission for:

Name of Proxy

(____) _____ - _____
Proxy Phone Number

to pick up my CSFP foods. I certify that this person is at least 18 years of age.

Signature of Responsible Party

____ / ____ / 20____
Date

Name of Participant (to be completed by staff)	CSFP Case Number

Signature of Proxy

____ / ____ / 20____
Date

Signature of CSFP Staff Member

____ / ____ / 20____
Date

IMPORTANT REMINDER

The person you designate as your proxy must bring proof of his/her identification and this completed form to pick up and sign for your CSFP food. You are responsible for informing your proxy of food distribution schedules.

A copy of this form must be placed in each participant's file.

Mail to: **Kansas Food Bank**
1919 E Douglas, Wichita KS 67211

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