



The Idaho Foodbank

# COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) Proxy Form

**For More Information Contact:**

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CSFP Participant Name: \_\_\_\_\_

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

City and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby designate \_\_\_\_\_ to serve as my proxy to  
*(Name of Proxy)* *(phone)*  
sign required documents, provide eligibility information, and pick up my food benefits from the  
following agency \_\_\_\_\_, for a period of 12 months  
*(Name of Agency)*  
starting \_\_\_\_\_.  
*(Date)*

<b>****Distributing Agency Use Only ****</b>	
Approved by: (Print Name)	
Signature:	Date:
Distributing Agency Name:	

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