



PROXY LETTER

SITE NAME: _____

CLIENT NAME: _____ DATE: ____/____/20__

CLIENT ADDRESS: _____

Must send current proof of residency and photo ID with proxy. (SITE USE: Received. ____/____/20__)

CLIENT HOUSEHOLD, quantity by age: 60+ years _____ 18-59 years _____ 0-17 years _____

A { This is to certify that I, _____, give my permission to

 (CLIENT NAME)
 _____ and _____
 (PROXY NAME #1) (PROXY NAME #2, optional)
 to sign for my food box through June 30, 2024.
 CLIENT SIGNATURE: _____
 PROXY SIGNATURE: _____

B { The proxy may also act on my behalf to sign required documents and provide eligibility information.
 CLIENT SIGNATURE: _____
 PROXY SIGNATURE: _____

C { PROGRAM: CSFP
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US Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Ave, SW
Washington, DC 20250-9410

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Effective July 1, 2023-June 30, 2024.