



# 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, 2025.  
 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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Effective July 1, 2024-June 30, 2025.