



CSFP Participant Proxy Authorization



pennsylvania
DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD DISTRIBUTION

Form 102025

A continuation of Form 202002



I, _____ hereby authorize the following person[s] to pick up
Print Participant Name
and deliver my CSFP food package to me:

Participant / Caretaker Signature [Circle One]:

Caretaker Only - Print Name:

Proxy 3 - Print Name

Proxy 3 - Signature:

Date:

Proxy 4 - Print Name

Proxy 4 - Signature:

Date:

Site Name:

County:

Site Representative Signature:

Date:

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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.

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