

CSFP Proxy Information

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.

Food Bank Name: The Food Bank of Central Louisiana

Senior First Name: _____

Senior Last Name: _____

Account Number, if available: _____

Distribution Site: _____

Delete Proxy

I would like to remove the following people as my proxy to pick up my CSFP foods.

Name: _____

Name: _____

Signature of Senior

Date

Add Proxy

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

Signature of Senior

Date

This institution is an equal opportunity provider.
Scan and return to ashlee@feedinglouisiana.org or fax to 225.209.1303

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