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	s my proxy to pick up my CSFP foods.
Name:	
Name:	
Signature of Senior	Date
Add Proxy	
l give permission for is at least 18 years of age	to pick up my CSFP foods. I certify that this person
Signature of Senior	Date
This institution is	an aqual opportunity provider

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

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	Last				
Mailing Add	Lasi		First	Middle	Date of Birth:
	ress:				
			Street		
City:		ZIP:	Telephor	ie:	No. in Household:
Total Monthl	y Income: \$		Income Type:	Fixed: $igcap_{\text{Yes}}$	$O \bigcap_{N_0}$
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