



The Idaho Foodbank

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

Emergency Proxy Form

For More Information Contact:

Sam Jones

Programs Coordinator

Phone: (208) 602- 4750

Email: sajones@idahofoodbank.org

CSFP Participant Name: _____

Participant Address: _____

City and Zip Code: _____

Phone Number: _____

I hereby designate _____ to serve as my proxy to
(Name of Proxy) *(phone)*
pick up my food benefits from the following agency _____,
(Name of Agency)
for the months of April and May 2020 starting _____.
(Date)

****Distributing Agency Use Only ****	
Approved by: (Print Name)	
Signature:	Date:
Distributing Agency Name:	

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