How to Complete a Proxy Form

A Proxy Form is used to assign an individual to pick-up a CSFP box in-lieu of the senior client. A proxy is an individual designated by the senior client who may pick up the CSFP box in their name. Each client will need to complete a proxy form indicating the individual who will be picking up their box. Proxy forms are valid for one calendar year.

Filling Out the Form

1) **Client Name**: the senior client who is the recipient of CSFP Commodities
2) **Program**: please check the CSFP box
3) **pick up my food benefits from the following agency**: name of the agency the senior will be picking up from – this will NOT be the name of your high-rise/living community. The name listed on this blank space will be the NEW SITE your seniors will be referred to.
4) Make sure **both** the client and proxy individual sign the form.
5) Once completed, please **scan/email and send to kbacher@foodbankrockies.org OR fax the form to 720-473-6328 or turn them in to personnel at the CSFP pick-up site.**

FAQ’s

1) **For how long is the proxy form valid?** The proxy form is valid for one calendar year. If a client assigns a proxy in June 2016; it will expire Jun2 2017.
2) **Can a client have more than one person as a proxy?** Yes! – a client may assign up to 2 people to pick up their CSFP box in their place.
3) **Can an individual serve as a proxy for more than one client?** Yes! An individual can serve as a proxy for as many as 15 senior clients. This is especially convenient for high-rise senior living apartment buildings. Site managers may serve as a proxy for all CSFP clients and pick up their CSFP boxes in one trip to the closest CSFP distribution site once per month, if they choose to do so.
4) **Can a senior client pick up their CSFP box themselves if they have assigned a proxy?** Yes! Either the senior OR the proxy can pick up the box.

If you have any additional questions or concerns, please contact:

**Kelly Bacher**
CSFP Representative
720-473-6323 ext. 24
kbacher@foodbankrockies.org
Proxy Form

Client Name: Jane Doe
Address: 1234 Colorado Way
City and Zip Code: Denver 80209
Phone Number: 303-867-5309

Program: ☑ CSFP
☐ TEFAP

I hereby designate Johnny Doe as my proxy to sign required documents, provide eligibility information, and pick up my food benefits from the following agency: Aurora Senior Center (name of pick-up location)

For the period of 6/1/16 to 6/17/16

Clients may designate a proxy up to one calendar year from the date of designation.

X Client Signature

X Proxy Signature

Agency Use Only
Approved by:

Print Name ______________________________ 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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