

State of Hawaii
Commodity Supplemental Food Program (CSFP)
Proxy Form

This form may be used to authorize an individual to act as your authorized representative for CSFP if you are unable to pick up your CSFP box on the day of distribution.

(Please complete this form and have your designated proxy present it at the distribution site with their valid state or federal issued photo ID.)

I, _____, residing at the following
Participant's Name

address, _____,
Address

authorize _____ to pick up a CSFP box on my
Name of Proxy

behalf.

Participant's Signature Date

STAFF USE ONLY	Client ID: _____
Site Name: _____	Staff Initials: _____

Revised 05/2021

This institution is an equal opportunity provider.