

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

Please use this form if you or your regular proxies are unable to pick up your box on the day of distribution and would like to authorize someone else. *To be used as an additional option if you are unable to pick up your box*

(Please complete and have proxy bring form to distribution site with their ID)

I, _____ residing at the following
Participant's Name

Address: _____

I authorize: _____ to pick up my box for me.
Name of Proxy

Participant's Signature

Date

Proxy Signature

Phone #

Print Staff Member's Name
Date

Staff Member's Signature

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