

South Carolina Department of Social Services
COMMODITY SUPPLEMENTAL FOOD PROGRAM
 Authorized Representative (Proxy) Designation Form

Participant Name		
Address		
Phone Number		
Representative Name		
Period Authorized	Beginning Date:	Ending Date:

My signature below acknowledges that I have authorized the above named individual to serve as my Authorized Representative (Proxy) for the Commodity Supplemental Food Program. I hereby give permission for my authorized Representative to complete certification activity and receive CSFP commodities on my behalf.

Participant Signature
Date

My signature below acknowledges that I have agreed to serve as the Authorized Representative (Proxy) in the Commodity Supplemental Food Program for the above named CSFP participant. I understand that commodities received under this program are intended solely for the use of the participant and I may be held liable for the loss of commodities received under this program or for providing false or misleading information on behalf of the participant in order to obtain program benefits.

Representative Signature
Date

In accordance with Federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.