

Proxy form

This form is being completed in connection with the receipt of the Commodity Supplemental Food Program (CSFP). I authorize the amendment of my original application to include an additional proxy. Furthermore, I understand and agree to the duties of a proxy to be as follows:

- A proxy can collect and sign for the participant’s monthly food package from a distribution site. The proxy shall then deliver the package directly to the participant.
- Proxy must be acknowledged by the participant with the appropriate form which must contain the participant’s signature. Forms will remain on file at the Utah Food Bank. Additional proxies can be added at any time.
- Proxies will be listed on the signature sheet; only the proxies listed on the signature sheet can collect a food package for a participant.

Name of Client or Legal Guardian	Signature	Date

Name of Proxy	Relationship	Phone Number

Name of Proxy #2 (optional)	Relationship	Phone Number

Fair Hearing

If you disagree with any of the above action(s) you have a right to request a fair hearing. To request a fair hearing, contact your local CSFP agent at (801) 273-2915. You have thirty days (30) from the date of this notice to request a fair hearing. If your benefits are to be terminated or reduced, you can continue to receive benefits at your current rate if you appeal the decision within fifteen days (15) of the receipt of the Notice of Agency Action. You will continue to receive program benefits until the hearing official reaches a decision or until the certification period ends, whichever occurs first.

Participant Civil Rights

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.