

## PROXY STATEMENT FOR RELEASE OF USDA FOODS --- STATE OF MICHIGAN

A *proxy* is a person or organization selected by a program participant to accept a food package on their behalf. This may be for reasons such as illness, lack of transportation, scheduling, or other conflicts that make the participant unable to be present at a scheduled food distribution.

By signing this statement, the person listed below agrees to deliver the complete received food package to the intended recipient within an acceptable amount of time. Failure to deliver a complete food package to the intended recipient is in violation of USDA regulations. ***THIS ARRANGEMENT NEEDS TO BE RENEWED ANNUALLY.***

A proxy must follow all regular program participant expectations for receiving food, including signing for food packages and following distribution site procedures. This form must be submitted at least annually.

I, \_\_\_\_\_  
(participant printed name)                      (participant signature)                      (date)

Authorize the individual(s) listed below to act as my proxy and receive food packages on my behalf.

As a proxy, the individuals below agree to deliver the complete received food package to the person named above.

\_\_\_\_\_  
(proxy #1 – printed name)                      (proxy #1 Signature)                      (date)

\_\_\_\_\_  
(proxy #2 – printed name)                      (proxy #2 Signature)                      (date)

In accordance with Federal Civil Rights Law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or in reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (eg. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form** (AD-3027) found online at [http://www.scr.usda.gov/complaint\\_filing\\_cust.html](http://www.scr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested on the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;

(2) Fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

***This institution is an equal opportunity provider.***