



JUST ROOTS AUTO-SNAP

CSA Pilot Membership Agreement 2018

Community Supported Agriculture (CSA) programs provide SNAP customers with fresh, nutritious fruits and vegetables while supporting local farmers. DTA, Project Bread and *Just Roots* work together to offer SNAP customers an easy way to pay for these fruits and vegetables, which are called Farm Shares. Participating in a Farm Share allows SNAP customers to get fresh produce, support local farmers and save money!

CSA Partner Contact Information

Name: *Rochelle Bellin*

Address: *34 Glenbrook Drive, Apt. 1B, Greenfield, MA 01301*

Email: rochelle@justroots.org

Phone: 413-325-8969

SNAP Customer Contact Information (*Head of Household or Authorized Rep. only- Please print*)

Name:

Last digit of SNAP Customer's SSN# or the last digit of client's temporary 999 identification number. (Note: The 999 number is assigned by DTA and only acceptable if the client does not have a valid SSN.):

EBT Card Number:

6	0	0	8	7	5														
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Phone (include area code):

Email:

I. Monthly cost of an Auto-SNAP CSA Farm Share

I am interested in buying an Auto-SNAP CSA Farm Share from *Just Roots*.

Please check one of the following ways to pay for the SNAP CSA Farm share:

- a. _____ I agree to pay **\$48.00** per month in SNAP benefits from my June benefits issuance through my November issuance for a **24-week Full Size CSA Farm Share** (average of 9 items per week + pick your own items for on-farm pickup members).
- b. _____ I agree to pay **\$33.00** per month in SNAP benefits from my June benefits issuance through my November issuance for a **24-week Small Size Farm Share** (average of 6 items per week + pick your own items for on-farm pickup members).

OR

Partial Payment with SNAP Benefits:

I agree to pay \$_____ in SNAP benefits per month from my next benefit issuance _____ (starting month) through my November issuance as a partial payment towards the total monthly cost of my CSA Farm Share for a:

- c. _____ **24-week Full Size CSA Farm Share (\$48.00 per month).**
I will pay the remaining balance \$_____ to *Just Roots* with a check or money order.
- d. _____ **24-week Small Size CSA Farm Share (\$33.00 per month).**
I will pay the remaining balance \$_____ to *Just Roots* with a check or money order.

If I cannot pay the full balance of my CSA Farm Share, *Just Roots* will change the amount of produce in my share, equal to the amount of what was deducted from my SNAP benefit.

II. I understand that:

- The amount I agreed to above will be automatically deducted from my EBT account on the date that I receive my SNAP benefits.

- I will receive farm produce **weekly**, which will be available for pick up in Greenfield **at either:**
_____ Green Field's Market (outside), 144 Main St, Greenfield: Wednesdays, 3:00 pm – 6:00 pm
_____ Greenfield Community Farm, 34 Glenbrook Dr, Greenfield: Saturdays, 9:00 am – 1:00 pm

- It is my responsibility to pick up my share on my scheduled pick-up dates, during the scheduled pick-up times.
- **If I cannot pick up my share, it is my responsibility to have someone to pick it up for me.**

- If I do not pick up my share during my scheduled pick-up time, it will be donated to a local food pantry, shelter or other institution that will make use of the produce and **I will not get a refund.**
- The types of produce in my share will change weekly. There is no guarantee on the exact amount of produce. Shares will vary in weight, size and type of produce.
- I cannot return my CSA Farm Share for a refund or exchange it for other produce.
- I can cancel my participation in the pilot at any time. If I no longer want to participate, I will ask *Just Roots* staff or call Abby Getman (DTA) at 413-772-3449 for a cancellation form.
- I will complete and return the form to *Just Roots* at least 10 days before I receive my next monthly SNAP benefit.
- If I do not return the completed form at least 10 days before that date, my CSA Farm Share payment may automatically be deducted from my next SNAP benefit. In that case, the cancellation will take effect the following month.
- I understand that *Just Roots* and DTA will act on my request to cancel my payment as soon as possible.
- I understand that I will not receive a refund for CSA Farm Share payments that have already been deducted.
- I agree to participate in a brief survey about this SNAP CSA Pilot at the beginning and end of the Farm Share season.
- My copy of this agreement, and the notices I will receive each time a payment is deducted from my SNAP EBT account, will serve as receipt of payment.

SNAP Client Signature _____

Date _____

Return form to: *Rochelle Bellin*
Just Roots
34 Glenbrook Drive, Apt. 1B
Greenfield, MA 01301