







# **JUST ROOTS AUTO-SNAP**

# **CSA Pilot Membership Agreement**

**CSA Winter Membership Agreement 2020** 

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: Address:	Alden Hollow 34 Glenbrook I Apt. 1B,											
Email:	Greenfield, MA 01301 <a href="mailto:alden@justroots.org">alden@justroots.org</a>		Phone: 413-325-8969									
SNAP Custo	omer Contact Info	rmation (He	ad of Hou	ısehold	d or A	uthor	ized I	Rep. o	nly- F	Please	print	)
Name:												
	SNAP Customer's ote: The 999 num I SSN.):		_			-	-					
EBT Card N	umber:											
Phone (incl	ude 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:

\_\_\_\_\_ I agree to pay \$50.00 per month in SNAP benefits from my April benefits issuance through my May issuance for a 2-month *CSA Farm Share* (average of 10 items/box).

#### OR

### **Partial Payment with SNAP Benefits:**

I agree to pay \$	in SNAP benefits per month from my	April	benefit issuance through my
May issuance as a partial partial	yment towards the total monthly cost	of my	50/ month CSA Farm Share. I
will pay the remaining baland	ce \$ to Just Roots with an alt	ernativ	e form of payment.

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 monthly, which will be either delivered to my house at Leyden Woods or Oak Courts housing developments between 2:30 and 4:30 or picked up at the Community Health Center of Franklin County from 3:30-5 on the 3rd Tuesdays of each month January-May.
- It is my responsibility to pick up my share at the Community Health Center of Franklin County if I do not live at Leyden Woods or Oak Courts.
- 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 the 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 the DTA at 413-772-3411 for a cancellation form.
- I will complete a cancellation form and return the form to *Just Roots* at least 10 days before I receive my next monthly SNAP benefit should I choose to cancel.
- If I do not return the completed cancellation 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 or email your completed form to <a href="mailto:alden@justroots.org">alden@justroots.org</a>"