



JUST ROOTS AUTO-SNAP

CSA Pilot 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: 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. _____ FULL SHARE: I agree to pay **\$80.00** per month in SNAP benefits from my June benefits issuance through my October issuance for a **20-week Full Size CSA Farm Share** (average of 9 items per week + optional pick-your-own items at the farm).
- b. _____ FULL EXTENDED SHARE: I agree to pay **\$80.00** per month in SNAP benefits from my June benefits issuance through my October issuance for a **20-week Full Size CSA Farm Share** (average of 9 items per week + optional pick-your-own items at the farm) + **\$75.00** per month in SNAP benefits from my November and December benefits issuance for a **2-month Season Extension** (one box each month, average of 15 items/box).
- c. _____ SMALL SHARE: I agree to pay **\$54.00** per month in SNAP benefits from my June benefits issuance through my October issuance for a **20-week Small Size Farm Share** (average of 6 items per week + optional pick-your-own items at the farm).
- d. _____ SMALL EXTENDED SHARE: I agree to pay **\$54.00** per month in SNAP benefits from my June benefits issuance through my October issuance for a **20-week Small Size CSA Farm Share** (average of 6 items per week + optional pick-your-own items at the farm) + **\$75.00** per month in SNAP benefits from my November and December benefits issuance for a **2-month Season Extension** (one box each month, average of 15 items/box).

OR

Partial Payment with SNAP Benefits:

I agree to pay \$_____ in SNAP benefits per month from my June issuance through my October issuance as a partial payment towards the total monthly cost of my CSA Farm Share for a:

- a. _____ **20-week Full Size CSA Farm Share (\$80.00 per month June-October).**
I will pay the remaining balance \$_____ to *Just Roots* with a check or money order.
- b. _____ **20-week Small Size CSA Farm Share (\$54.00 per month June-October).**
I will pay the remaining balance \$_____ to *Just Roots* with a check or money order.
- c. _____ **20-week Full Size CSA Farm Share (\$80.00 per month June-October) + 2-month Season Extension (\$75 per month November-December).**
I will pay the remaining balance \$_____ to *Just Roots* with a check or money order.
- d. _____ **20-week Small Size CSA Farm Share (\$54.00 per month June-October) + 2-month Season Extension (\$75 per month November-December).**
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 from June-October**, which will be available for pick up at the following sites:

Just Roots, 34 Glenbrook Dr, Greenfield:

Wednesdays 3pm-6pm and Saturdays 9am-1pm

Mobile Market and Delivery Locations: Leyden Woods, Greenfield Housing Authority and the Community Health Center of Franklin County: Thursday and varying times

If I signed up for the Season Extension, I will receive farm produce **on November 21 and December 12**, which will be available for pick up at Just Roots, 34 Glenbrook Dr, Greenfield on Saturdays from 9-1.

- It is my responsibility to pick up or receive my share on my scheduled pick-up or delivery date, during the scheduled time.
- **If I cannot pick up or receive my share, it is my responsibility to have someone to pick it up or receive it for me.**
- If I do not pick up my share during my scheduled pick-up time, it will be delivered (if I live in a delivery neighborhood) or 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 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: Alden Hollow, Just Roots, 34 Glenbrook Drive, Apt. 1B, Greenfield, MA 01301