



YELLOW STONEHOUSE FARM SNAP CSA Pilot Membership Agreement

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

CSA Partner Contact Information

Name: Connie Adams
Address: 354 Root Road
Westfield MA 01085

Email: yellowstonehousefarmcsa@gmail.com

Phone: 413-562-2164

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 a SNAP CSA share

I am interested in buying a SNAP CSA share from *Yellow Stonehouse Farm*.

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

_____ I agree to pay **\$81.25 per month** in SNAP benefits from my November _____ (starting month) benefit issuance through my February 2021 issuance for a *Winter CSA Share* (average of 40-45 pounds of produce per month). Total cost of the Winter share \$325.00

OR**Partial Payment with SNAP Benefits:**

_____ I agree to pay \$_____ in SNAP benefits per month from my November or _____ (starting month) benefit issuance through my February 2021 issuance as a partial payment towards the total monthly cost of my *Vegetable CSA Share (\$81.25)*. I will pay the remaining balance \$_____ to *Yellow Stonehouse Farm* with a check or money order.

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 available for pick up at *Yellow Stonehouse Farm* **at 354 Root Road Westfield MA 01085**.
 - *Friday 11/20/2020 & Saturday 11/21/2020 (the week before Thanksgiving)*
 - *Friday 12/18/2020 & Saturday 12/19/2020 (the week before Christmas)*
 - *Friday 1/08/2021 & Saturday 1/09/2021 (the January Health share)*
 - *Friday 2/5/2021 & Saturday 2/6/2021 (before Winter break & the big game)*
- It is my responsibility to pick up my share on my scheduled pick-up date, during the scheduled pick-up time.
- **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 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 *Yellow Stonehouse Farm* staff or email DTA.CSA@MassMail.State.MA.US for a cancellation form.

- I will complete and return the form to *Yellow Stonehouse Farm* 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 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 *Yellow Stonehouse Farm* 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 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 CSA 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: Connie Adams
Address: 354 Root Road
Westfield MA 01085