



YELLOW STONEHOUSE FARM 2021-2022 Winter 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														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 **\$80.00 per month** in SNAP benefits from my November 2021 benefit issuance through my February 2022 issuance for a *Winter CSA Share* that provides local & organic Winter produce Every Month from November 2021 through February 2022 & October with an average of 50 pounds of produce per month. Total cost of the Fall/Winter Share is \$320.00.

OR

Partial Payment with SNAP Benefits:

_____ I agree to pay _____ in SNAP benefits from my November 2021 benefit issuance through my February 2022 issuance for a *Winter CSA Share* (an average of 50 pounds of produce per month). Total cost of the Winter Share is \$320. 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 which will be available for pick up at *Yellow Stonehouse Farm* **at 354 Root Road Westfield MA 01085**
- **Pick up is available** Friday or Saturday on the following dates: **Nov 19/20, Dec 17/18, Jan 14/15, Feb 11/12.** **The CSA member just needs to select either Friday or Saturday as their preferred pick-up day.** It is my responsibility to pick up my share on my scheduled pick-up date, during the scheduled pick-up time.
- Please Select a Pick-up Day: Circle one:

Friday	Saturday
---------------	-----------------
- 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 & 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