



SNAP Client Information (Head of Household or Authorized Representative)

First Name (as listed on your SNAP case)

Last Name (as listed on your SNAP case)

Preferred/Chosen First Name (optional)

Phone (include area code)

EBT Card Number or DTA Agency ID

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Email

The contact information you provide above will be shared with the CSA vendor for communication purposes. DTA will not use this information to update your primary DTA account. To update your primary DTA account, please log into www.DTAConnect.com or call the DTA Assistance line at 1(877) 382-2363.

CSA Partner Information

Vendor Name: Yellow Stonehouse Farm

Address: 354 Root Road, Westfield MA, 01085

Phone: 413-562-2164

Email: yellowstonehousefarmcsa@gmail.com



SNAP CSA Share Information

Check the box next to the share you want.

If the CSA has already started, write down the month you want to begin getting your share.

\$ 157.00 Summer CSA farm-share (June-October 2026)

I agree to use \$157.00 per month from my SNAP benefits beginning _____
(start month) through October 2026. Weekly pick up with an *average of 9–17 items per share.*

\$ 111.00 Summer CSA farm-share (June-October 2026)

I agree to use \$111.00 per month from my SNAP benefits beginning _____
(start month) through October 2026. Every other week pick up with an *average of 9–17 items per share.*



CSA Rights and Responsibilities

- My payment schedule and CSA start date might change if the farm needs more time to process my CSA request.
- The farm decides whether to approve my CSA request. If the farm approves, I will receive a notice that shows my actual payment schedule. The notice serves as my receipt.
- Benefits will be automatically deducted from my SNAP balance according to my payment schedule. If Healthy Incentives Program (HIP) money is available for my CSA share purchase, that amount will be automatically added back to my SNAP balance.
- My sign-up information and the status of my payments will be shared with the farm. The farm may contact me using the information I have provided on this CSA request.
- I am responsible for picking up my CSA share on the dates and times determined by the farm or having someone pick it up for me. Pick up locations, dates, and times are subject to change by the farm.
- CSA shares that are not picked up will be donated, and **I will not get a refund**. Any arrangements for delivery must be made through the farm.
- The type, weight and quantity of produce will vary weekly, and I cannot return my CSA share for a refund or exchange.
- If my SNAP benefit amount decreases and will no longer cover the full cost of my CSA share, it is my responsibility to inform the farm. If I choose to continue with the CSA share, I can arrange for an alternative payment method to cover the difference.
- CSA share details and my CSA customer experience are managed by the farm. If I have questions about these, I can contact the farm.
- DTA has the right to cancel my CSA share at the farm's request.
- I may cancel my CSA share at any time by:
 - Submitting a cancellation request on DTAFinder.com
 - Calling the HIP/CSA line at 413-772-3411
- I may be asked to complete a brief survey about the SNAP CSA Pilot.
- By submitting this CSA signup request I permit DTA staff to utilize DTAFinder.com to enroll me in the CSA I chose.

Acknowledgement

I chose to use an online system on the previous pages of this agreement. As part of this process, I agree to allow DTA staff to electronically sign my name to the request in the online system.

I have read and acknowledged the CSA sign up form.

Client Signature _____ Date _____

Ink signature only. Electronic signatures will not be accepted.