

Name:



Stillman's Farmstand 2024 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 Stillman's 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!

Email: nancy@stillmansfarm.com

CSA Partner Contact Information

Total of \$425 for full season.

Stillmans Farm

Address																			
			New Braintree, MA 01531							Phone: 508-244-0514 customer service 508-867-7193 main number									
<u>SN</u>	SNAP Customer Contact Information (Head of Household or Authorized Rep. only- Please print)																		
Na	ame:																		
	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:																			
		•				A shar wing v		to pay	y for t	he SN	AP CS	SA sha	are:						
I agree to pay \$110.00 per month in SNAP benefits from my June or (starting month) benefit issuance for 5 months for a Farm Best (commonly called "SUMMER CSA") share																			
	,					mont week).				•		•	ied "S	UMN	IER C	SA ")	share	е	
I agree to pay \$106.25 per month in SNAP benefits from my March or (starting month) benefit issuance for 4 months for a SPRING CSA share (Average of 7-15 pounds per week).																			

I agree to pay \$113.33 per month in SNAP benefits from my July or	(starting
month) benefit issuance for 3 months for a TOTALLY TOMATOES CSA Share (average	
pounds per week). Total of \$340 for full season.	
I agree to pay \$131.66 per month in SNAP benefits from my July or month) benefit issuance for 3 months for a FABULOUS FRUIT CSA Share (average of per week). Total of \$395 for full season.	-
I. I understand that:	
 The amount I agreed to above will be automatically deducted from my EBT account on the my SNAP benefits. 	day I receive
 It is my responsibility to pick up my share on my scheduled pick-up date, during the sched time. 	uled pick-up
 I will choose one pick up location and day for the entire season. I understand that I may m permanent change to pick up location or day per season. 	ake one
• 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 shelter or other institution that will make use of the produce and <u>I will not get a refund not</u> replacement share at another time. 	• • • • • • • • • • • • • • • • • • • •
 The types of produce in my share will change weekly based on what is in season. There is a 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. 	no guarantee
 I can cancel my participation in the pilot at any time. If I no longer want to participate, I w Stillman's Farmstand staff or email <u>DTA.CSA@MassMail.State.MA.US</u> for a cancellation for 	rm.
 I will complete and return the form to Stillman's Farmstand at least 10 days before I receive monthly SNAP benefit. 	•
 If I do not return the completed form at least 10 days before that date, my CSA share payr automatically be deducted from my next SNAP benefit. In that case, the cancellation will t following month. 	•
 I understand that Stillman's Farmstand and DTA will act on my request to cancel my paym as possible. 	ent as soon
 I understand that I will not receive a refund for CSA share payments that have already bee I agree to participate in a brief survey about this SNAP CSA Pilot at the beginning and end season. 	
 My copy of this agreement, and the notices I will receive each time a payment is deducted SNAP EBT account, will serve as receipt of payment. 	I from my

Date

SNAP Client Signature

2