



**BROOKWOOD COMMUNITY FARM – 2020 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 *Brookwood Community 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:** Cathy Smith

**Address:** *Brookwood Community Farm  
11 Blue Hill River Rd  
Canton, MA 02021*

**Email:** President@brookwoodcommunityfarm.org      **Phone:** 339-502-0826

**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 *Brookwood Community Farm*.

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

- a) \_\_\_\_\_ **Summer Farm Share:** I agree to pay **\$40.00 per month** in SNAP benefits from my July 2020 benefit issuance through my September 2020 issuance for a *Summer Farm Share* (average of 8 items + pick your own items). This share is only available for on-farm pickup at Brookwood Community Farm.
- b) \_\_\_\_\_ **Fall Farm Share:** I agree to pay **\$40.00 per month** in SNAP benefits from my October 2020 -November 2020 benefit issuance for a *Fall Farm Share* (average of 8 items + pick your own items). This share is only available for on-farm pickup at Brookwood Community Farm.

**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 Biweekly, which will be available for pick up. Please check one of the following pick-up sites:

**Brookwood Community Farm, 11 Blue Hill River Road in Canton:**

\_\_\_\_\_ Tuesdays, 2:00 p.m. - 6:30 p.m.

\_\_\_\_\_ Thursdays, 2:00 p.m. - 6:30 p.m.

\_\_\_\_\_ Saturdays, 9:00 a.m. - 1:00 p.m.

Pick up dates are: July 12, July 26, Aug 9, Aug 23, Sept 6, Sept 20, Oct 4, Oct 18

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 *Brookwood Community Farm* staff or email [DTA.CSA@state.ma.us](mailto:DTA.CSA@state.ma.us) for a cancellation form.
- I will complete and return the form to *Brookwood Community 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 *Brookwood Community 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.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> SNAP Client Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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**Return form to:** Cathy Smith  
 11 Blue Hill River Rd  
 Canton, MA 02021