



Department of Transitional Assistance



QUABBIN HARVEST CSA – 2026 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 Quabbin Harvest Food Co-op 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 Contact Information

Name: Felicia Howard

Address: Quabbin Harvest Food Co-op

12 North Main Street Orange, MA 01364

Email: qhcommunityshares@gmail.com

Phone: 978-544-6784

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. I am interested in buying a SNAP CSA Share from Quabbin Harvest Food Co-op.

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

I agree to pay **\$40.00** per month in SNAP benefits from my January 2026 or _____ (starting month) benefit issuance through my December 2026 issuance for a Quabbin Harvest Vegetable CSA Biweekly Share (**average of 5-12 pounds of produce every other week**).

I agree to pay **\$80.00** per month in SNAP benefits from my January 2026 or _____ (starting month) benefit issuance through my December 2026 issuance for a Quabbin Harvest Vegetable CSA Weekly Share (**average of 5-12 pounds of produce per week**).

____ I agree to pay **\$28.00** per month in SNAP benefits from my January 2026 or _____ (starting month) benefit issuance through my December 2026 issuance for a Quabbin Harvest Deluxe Biweekly Fruit CSA Share (**average of 5-7 pounds of produce every other week**)

OR

Partial Payment with SNAP Benefits:

I agree to pay \$_____ in SNAP benefits per month from my January 2026 or _____ (starting month) benefit issuance through my December 2026 issuance as a partial payment towards the total monthly cost of my Quabbin Harvest CSA Share. I will pay the remaining balance _____ to Quabbin Harvest with a check or money order.

If I cannot pay the full balance of my CSA Share, Quabbin Harvest Food Co-op will change the amount of the produce in my share, equal to the amount of what was deducted from my SNAP benefit.

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 either weekly or biweekly (depending on my share choice), which will be available for pick up at Quabbin Harvest, 12 North Main Street in Orange. Please check one of the following pick up days:
Tuesdays, 3:30 p.m. – 7:00 p.m. _____ Wednesdays, 10:00 a.m. – 7:00 p.m. _____
- It is my responsibility to pick up my share on my scheduled pick-update, during the scheduled pick-up time.
- If I cannot pick up my share, it is my responsibility to have someone 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 Quabbin Harvest staff or call DTA for a cancellation form.
- I will complete and return the form to Quabbin Harvest CSA 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 Quabbin Harvest CSA 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.

Signature

Date

Return form to: Felicia Howard, Quabbin Harvest CSA, 12 North Main Street, Orange, MA 01364