



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance

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Secretary

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Commissioner

Operations Memo 2014-47
September 18, 2014

To: Department of Transitional Assistance Staff

From: *AOS* Anne O'Sullivan, Assistant Commissioner for Policy, Program and External Relations

Re: **SNAP: Community Supported Agriculture Program Initiative**

Overview

The Department, in collaboration with Project Bread and a number of local Community Supported Agriculture (CSA) partners, has developed a CSA share program initiative in which our clients can participate. The program implemented an automatic monthly payment system to support the CSA participation of SNAP households. We expect that up to 200 SNAP households will avail themselves of the CSA program initiative.

CSA partners are direct farms or non-profit organizations. Project Bread will provide CSA partner outreach and support, serve as the liaison to CSA partners' staff and volunteers, and work directly with DTA in meeting the program initiative goals and objectives.

Under this initiative, SNAP clients will purchase CSA shares on a monthly basis using their EBT benefits. Clients will receive their weekly shares at predetermined community sites. In addition to the goal of establishing an automated payment process for participating SNAP clients, participation in the SNAP CSA program initiative will benefit SNAP households by increasing their access to fresh, local, affordable fruits and vegetables.

Purpose of Memo

The purpose of this memo is to advise staff of the SNAP CSA program initiative and provide information about operational details that impact DTA clients.

**How the
DTA CSA
Program
Initiative Works**

Under the SNAP CSA program initiative, participating SNAP clients agree to purchase CSA shares of fresh vegetables and fruits and will receive their weekly shares of produce in the remaining weeks of September and in October, November and December, or through the end of the individual CSA's program's season, whichever is sooner. To participate in the program initiative, a CSA partner must be an authorized FNS retailer with an FNS number.

The cost of the shares purchased by SNAP clients will be debited from their EBT accounts on a monthly basis, at the time of their benefit availability. The automatic payments to the CSAs will continue until the end of the individual CSA program's season, unless the client submits a signed cancellation form prior to that time.

Participating clients will be required to sign a *SNAP CSA Membership Agreement* form (Attachment A). Only SNAP heads of households, or their authorized representatives, may sign this membership agreement. The *SNAP CSA Membership Agreement* form includes the name of the CSA, the client's monthly payment (based on the size of the share purchased), the location of the pick-up site and pick-up time, consequences of missing a pick-up, and rules about cancelling participation in the CSA.

**Cancelling CSA
Membership**

Clients may cancel their CSA membership at any time. To cancel the SNAP CSA membership agreement, the head of household, or the authorized representative, must contact the CSA or DTA staff and request and complete a *SNAP CSA Cancellation Form* (Attachment B). Upon processing the cancellation request, pre-scheduled SNAP CSA payments will terminate for the following month provided the request is processed 10 days before the client's next SNAP issuance date. Once a payment has been deducted from a client's account, there will be no refunds.

If a CSA is scheduled to receive a share payment, but the EBT card balance is below the payment amount, DTA Central will contact the CSA. Payment issues and benefit status changes will be handled on a case-by-case basis during the pilot.

DTA will provide CSA partners with a monthly report of payments made by SNAP CSA clients. The report will include: SNAP head of household name, monthly SNAP issuance date, name of participating farm and amount of shares purchased.

**DTA Staff
Responsibilities**

If a client informs DTA that s/he is interested in participating in a CSA program, the staff person must contact Frank Martinez Nocito by email at frank.martineznocito@state.ma.us or call 617-308-5826.

If a client informs a Department representative that s/he would like to cancel the CSA membership, the Department representative must give the client a copy of the *SNAP CSA Cancellation Form* available in the Online Forms folder on Policy Online. Clients must complete and sign the *CSA Cancellation Form* and submit it to their CSA staff contact or fax it to DTA at 413-858-1375. The CSA partner will either email or fax all completed forms to Frank Martinez Nocito.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline.



INSERT CSA PARTNER LOGO



[INSERT NAME OF CSA PARTNER] - SNAP CSA Membership Agreement

Community Supported Agriculture (CSA) is an arrangement where customers receive fresh, nutritious vegetables while supporting their local farmers. DTA, Project Bread and **[INSERT CSA PARTNER NAME]** are testing a new way for SNAP customers to participate in a CSA. By buying a CSA share, you will get fresh produce, support local farmers and save money!

CSA Partner Contact Information

Name:

Address:

Phone:

SNAP Customer Contact Information (Head of Household or Authorized Rep. only- Please print)

Name:

Last digit of SNAP Customer's SSN# (Requested to determine benefit issuance date) OR the last digit of their temporary identification number/999 (Only if SNAP customer does not have an SSN#):

EBT Card Number:

6	0	0	8	7	5														
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Phone:

Email:

I. Monthly cost of a SNAP CSA Share

I am interested in buying a CSA share from **[INSERT CSA PARTNER NAME]**.

I agree to pay **[INSERT MONTHLY COST OF CSA SHARE: \$XXXX]** in SNAP benefits from my next benefit issuance through my **[INSERT MONTH OF LAST PAYMENT]** issuance for a **[INSERT NAME/TERM OF SHARE TYPE]**.

II. In signing up for a SNAP CSA share, I understand the following:

1. When I receive my monthly SNAP benefits, the amount I indicate above will be automatically deducted from my account on the date that my SNAP benefits are issued.
2. I will receive farm produce [INSERT TIMEFRAME: e.g., WEEKLY] which will be available for pick up at [INSERT LOCATION NAME, ADDRESS, DAY and PICK-UP TIME RANGE PER LOCATION].
3. It is my responsibility to pick up my share on my scheduled pick-up date, during the scheduled pick-up time.
4. If I cannot pick up my share, it is my responsibility to arrange for someone to pick it up for me.
5. If I do not pick up my share during my scheduled pick-up time, [INSERT CSA POLICY FOR MISSING PICK-UP: e.g., DONTATED TO A FOOD PANTRY] and I will not get a refund.
6. The types of produce in my share will change weekly, and there is no guarantee on the exact amount of produce. Shares will vary in weight, size and type of produce.
7. I cannot return my CSA share for a refund or exchange it for other produce.
8. If I no longer wish to participate in this CSA, I will ask [INSERT CSA PARTNER NAME] or my DTA case manager for a cancellation form. I will complete and return the form to [INSERT CSA PARTNER NAME] or to my case manager at least 10 days before I receive my next month's SNAP benefits. 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 issuance. The cancellation will take effect the following month. I understand that the CSA and DTA will process my request to cancel my payment as soon as possible; however, I will not receive a refund for CSA share payments that have already been deducted.
9. I agree to participate in a brief survey/answer a few questions about this payment pilot at the beginning and end of the CSA season.
10. A copy of this agreement will serve as my only receipt for the monthly payment made from my SNAP account for as long as I am participating in this CSA. I will not be receiving a separate receipt for each individual CSA payment.

Signature

Date

Return form to: [INSERT CSA CONTACT NAME]
 [INSERT CSA ADDRESS]



INSERT CSA
PARTNER
LOGO



[INSERT NAME OF CSA PARTNER] - SNAP CSA Cancellation Form

I, _____, no longer wish to pay SNAP benefits to [INSERT CSA PARTNER NAME]. I understand that I must give this signed form to [INSERT CSA PARTNER NAME] at least 10 days before I receive my next month's SNAP benefits. If I do not give at least 10 days' notice, my CSA share payment will be deducted from my next SNAP benefit issuance and the cancellation will take effect the following month. I will not receive a refund for CSA share payments that have already been deducted.

Name:

Phone:

Email:

(Please Print Clearly)

Last digit of SNAP Customer's SSN# (Requested to determine benefit issuance date) or last digit of temporary identification number/999 (Only if SNAP customer does not have an SSN#):

EBT Card Number:

6	0	0	8	7	5														
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I am cancelling my automatic payments to the [INSERT CSA PARTNER NAME].

Signature _____

Date _____

Return this form directly to CSA or fax to Frank Martinez Nocito at 413-858-1375.

[INSERT CSA CONTACT NAME]
[INSERT CSA ADDRESS]