

PARTNER SHARES PROGRAM APPLICATION



First Name		Last Name		Primary Phone Number	
Street Address		City	County	State	Zip Code
Email			Best way to contact you <input type="checkbox"/> Email <input type="checkbox"/> Phone		
How did you hear about Partner Shares? <input type="checkbox"/> Friend <input type="checkbox"/> CSA Farm <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Event <input type="checkbox"/> Other - Please list:					
Are you a 1 st time CSA member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a 1 st time Partner Shares Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your occupation?					
What amount (\$) are you willing/able to spend on fresh fruits & vegetables/week for your household? _____		Describe your current household eating habits: <input type="checkbox"/> I/we eat out for most meals <input type="checkbox"/> I/we eat mostly pre-prepared/packaged foods <input type="checkbox"/> I/we mostly eat meals prepared at home <input type="checkbox"/> Other - Explain:		How often do you eat fruits and vegetables? <input type="checkbox"/> I/we eat fruits and/or vegetables at every meal <input type="checkbox"/> I/we eat fruits and/or vegetables at least once per day <input type="checkbox"/> I/we eat fruits and/or vegetables at least 5 times/week <input type="checkbox"/> I/we eat fruits and/or vegetables at least 3 times/week <input type="checkbox"/> Other	
Funds are limited and available on a first-come first-served basis. If funds are not available, do you still plan on joining a CSA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other - Explain:					

1. PARTICIPANT AGREEMENT:

As a Partner Shares participant, I certify with my initials and signature that:

- My household qualifies for Partner Shares assistance based on FairShare's eligibility requirements.
- I agree to pay FairShare CSA Coalition the CSA share co-payment amount determined by my income level.
- I will inform the Coalition immediately if I am having trouble making a payment, changing banking accounts or EBT card numbers, or must cancel my farm membership.
- I understand that I am making a commitment to a farm, and will be responsible for picking up my vegetable share every week throughout the season.
- Yes No, thank you: I grant FairShare CSA Coalition the permission to publish photographs of me and my family at CSA Coalition events for media and promotional purposes.

Signature **Date**

2. FARM CHOICE:

Please include a completed farm sign-up form (obtain form from chosen farm) with this application.

CSA Farm Name _____
 CSA Share Type* _____ (Ex: Full, Half, Standard, Every Other Week) Total
 Share Cost _____

* Only on-farm produced shares are eligible for Partner Share Program funding.

3. INCOME VERIFICATION: (based on Federal Poverty Level - FPL)

In order to serve as many households as possible, FairShare utilizes an income-based fee scale. Based on your income, FairShare will pay a portion of your CSA share payment, up to a maximum of \$300. In addition, FairShare will work with applicants who are eligible for CSA rebates from their HMO providers to assist you in receiving your rebate.

How many members are in your household? _____ What is your annual or monthly household income? _____ per month / year (circle one)

Maximum income for Partner Shares eligibility (based on 185% of U.S. Poverty Income Guidelines):		
Household Size	Annual	Monthly
1	23,107	1,926
2	31,284	2,607
3	39,461	3,288
4	47,638	3,970
5	55,815	4,651
6	63,992	5,333
7	72,169	6,014
8	80,346	6,696
For each additional family member add: \$681 (monthly) or \$8,177 (annual).		

4. OPTIONAL-DEMOGRAPHICS: *Providing demographic information is optional and appreciated – it helps us communicate with potential funders about Partner Shares applicants and does not help or hinder the total assistance you are eligible for.*

What is your age? _____ Please indicate your gender identification: _____ What is the highest degree or level of education you completed? _____
What are the ages of others in the household? _____ With what racial/ethnic group do you most identify? _____

5. HEALTH INSURANCE REBATE:

- a) Are you enrolled with any of these health care organizations? (Check all that apply)
 GHC- SCW BadgerCare Plus Physicians Plus Unity Health Other _____ None
- b) If you have BadgerCare, is your plan administered by GHC-SCW (Group Health) or Unity? Yes No
- c) If you are eligible, are you planning to apply for your insurance provider's CSA rebate? Yes No I need more information/I don't know

For more information, please visit <http://www.csacoalition.org/about-csa/csa-insurance-rebate/> or call your health care provider.

6. PAYMENT PLAN: Please select your preferred method of payment for your CSA share. Once your application and payment has been approved, FairShare staff will notify you of the level of assistance available to you and will send the payment plan details via mail or email.

- Single Check:** Send a check, payable to FairShare CSA Coalition, for the total amount due in your payment plan. In this option, you do not need to submit a separate \$25 initial payment.
- Multiple Checks:** Make monthly payments throughout the months you receive your share. A \$25 initial payment is due at the time of application, and the full payment must be completed by November 1st, 2018. A confirmation letter and payment plan will be mailed to you upon receipt of your application and deposit.
- SNAP/EBT Card:** We will send you paper SNAP vouchers to complete and return to FairShare along with your payment plan. We will debit your account on the date you choose every month from May-October. Unfortunately, we cannot use SNAP benefits for your initial \$25 payment.
- Multiple Methods:** You can pay for part of your share by check(s) and part through your SNAP account.
- Credit Card:** You can pay your full co-payment amount at once with your credit or debit card. We are piloting this method this year. A payment processing fee of 3% will be applied to the transaction. We are unable to create monthly payment plans for this payment method at this time. In this option, you do not need to submit a separate \$25 initial payment.

7. Would you like information about nutrition, cooking & education programs available to you?:

- Yes No If yes, please provide an email address where you would like to receive these materials:

8. APPLICATION REQUIREMENTS:

The availability of shares and funding are limited. Requests for Partner Shares assistance are granted on a first-come, first-served basis. If you have questions, call (608) 226-0300. Checks should be made out to "FairShare CSA Coalition."

You will NOT be registered with your farm until the Coalition receives your application & payment(s).

You must send in ALL the following completed forms for your application to be considered complete and be processed:

- Partner Shares Application CSA Farm Sign-Up Form \$25 Initial Payment

NOTE: Your \$25 initial payment will be applied to your balance due and can be paid with cash, check or money order. If you pay with a check, please be aware that your check will not be deposited until March or April. Send completed forms and deposit to: **FairShare CSA Coalition, c/o Partner Shares, 303 S. Paterson St. #1B, Madison, WI 53703**

Special Offer!
From Asparagus to Zucchini Cookbook
This cookbook is fantastic for learning how to best use fresh vegetables.

Partner Shares participants can purchase *one cookbook per family* for a discounted price of \$5!

Yes, I would like to order this book and have enclosed an additional \$5 (cash or check) with my completed forms.