

HOW DO I APPLY?

Are you currently enrolled in a 3-Squares or WIC program?

If so:

1. Complete a Food For All application.
2. Attach verification of your eligibility:
 - your WIC proof of delivery OR
 - your DCF form showing your 3-Squares Benefits
3. Submit these items to any cashier, or mail to the address below.

If you are **NOT** currently enrolled in a 3-Squares or WIC program, try this option:

1. Contact Donna at CVOEO (388-2285) She will arrange to meet with you to determine your eligibility, according to the same standards they use to determine eligibility for their services.
2. If you are determined to be eligible, they will give you a letter of approval, which you may then submit along with your Food For All application.

WHAT'S NEXT?

Membership Services will notify you that your application has been processed.

Once approved, you will use your member card to begin receiving a 10% discount on your purchases each time you shop. This discount is valid for 12 months.

Membership services will notify you one month prior to your expiration date, at which time you may reapply with a new application and updated verification.

No discounts may be applied retroactively.

The Food For All discount may not be combined with any other member or staff discounts.

The Food For All discount will not affect your eligibility for any other Sales or Promotions.

The Food For All discount will not be applied to non-discountable items such as alcohol and newspapers.

1 Washington Street, Middlebury, Vermont 05753
802.388.7276 middleburycoop.com



FOOD FOR ALL is a Member Assistance Program.
If you are currently a participant
of SNAP or WIC programs, or if you are
a client of our local Food Shelves, you may
be eligible for this Member Benefit.

What Can FOOD FOR ALL Do for YOU?

- **Gives You Co-op Ownership, so you can build equity, accrue a patronage dividend and have a voice in elections**
- **Gives You a 10% Discount on all purchases, every day (excludes alcohol, by law)**

Food For All Application

Date: _____

Already a Member? Please write your member number here: _____

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Email: _____

(initial) I understand that I may reapply after 12 months to see if I am still eligible for Food For All.

(initial) I understand that no discounts may be applied retroactively.

(initial) I understand that this discount applies only to my household.

(initial) I understand that when I am no longer eligible for Food For All, I may pursue other forms of membership.

I guarantee that I meet the requirements for this program. I understand that my information will be used for co-op membership and the Food For All Program only. I may be contacted when it is time to renew membership to the Co-op or Food For All and to share Co-op information and deals. My information is confidential, and will not be sold to marketers.

Signature: _____

I have attached my current:

☐ WIC proof of delivery ☐ statement from DCF for food stamp benefits ☐ notice of approval from CVOEO

Co-op use only:

Date received: _____

By: _____

Date Member notified: _____

Date Discount on: _____

Date Discount off: _____

☐ Food For All Documentation Provided

Date of decision: _____

☐ approved ☐ not approved

☐ NEW MEMBER-OWNER

Member - Owner # _____