

HOW DO I APPLY?

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

1. Complete a Food For All application.
2. Attach verification of your eligibility:
 - your WIC Family Food Benefit List *OR*
 - your DCF form showing your 3-Squares Benefits *OR*
 - your Home Heating Assistance statement *OR*
 - a photocopy of your current WIC or EBT card
3. Submit these items to any cashier, or mail to the address below.

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

1. Complete a Food For All application
2. Attach a letter of eligibility from any representative from one of the following cooperating organizations:
 - HOPE 388-3608 X238
 - WIC Middlebury 388-4644
 - Womensafe 388-4205
 - CVOEO 388-2285
 - WIC Rutland 786-5100
 - Open Door Clinic 388-0137
3. Submit these items to any cashier, or mail to the address below

WHAT'S NEXT?

Membership Services will notify you that your application has been processed. If you are joining for the first time, we'll send you a member-owner packet by mail.

Once approved, you will become a member-owner, and can then 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 senior, member-worker, 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 middlebury.coop**



Food For All is a Member Assistance Program. If you are currently a participant of SNAP, WIC, Home Heating Assistance, or a client of HOPE, CVOEO, Womensafe, or the Open Door Clinic, you may be eligible for this Member Benefit.

What Can FOOD FOR ALL Do for YOU?

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

Food For All Application

Date: _____

Already a Member-owner? 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 family food benefit list
- statement from DCF for food stamp benefits
- Home Heating Assistance Statement
- letter of approval from CVOEO, HOPE, WIC, Womensafe or Open Door Clinic

Co-op use only:

Date received: _____

Date Member-owner notified: _____

By: _____

Date Discount on: _____

Food For All Documentation Provided

Date Discount off: _____

Date of decision: _____

approved

not approved

Member - Owner # _____