

Things to Know

- You must be a Co-op member to apply for Healthy Food Access (HFA).
- HFA membership does not expire.
- HFA membership must be applied for annually. A renewal reminder will be sent in January.
- Co-op members will be issued a HFA membership card which must be presented to receive the 10% discount on most purchases (alcohol and full case orders excluded).
- Only individuals named on the HFA card may use the discount.
- Participants in the HFA program are not eligible for a patronage rebate while enrolled.
- HFA discounts may not be combined with employee or member discounts.



Healthy Food Access (HFA) increases community access to healthy, local and organic food.

HFA provides a 10% discount on most purchases for qualified Littleton Food Co-op Members



43 Bethlehem Rd. Littleton, NH 03561
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LITTLETON
food coop
a community-owned market

**HEALTHY FOOD
ACCESS PROGRAM**

10% OFF
for Qualified Members



Could you or someone you know benefit from increased access to healthy food?

Healthy Food Access is a program that provides a 10% discount on most purchases for qualified Littleton Food Co-op Members.

**exclusions: alcohol & full case discounts*

How to Apply:

1. Become a Co-op member.
2. Complete the Healthy Food Access application and drop off at the Service Desk.

Who Can Apply:

Members of the Littleton Food Co-op who are currently recipients of SNAP, SSI or other forms of supplemental assistance.

Co-op Membership:

Co-op membership is required for participation in this program. A full Co-op membership is \$100. Partial membership can be purchased in four \$25 increments. Qualified community members may request equity assistance (\$25) to become a partial member. Equity assistance shares are non-refundable.

Please check this box if you would like to apply for equity assistance.

More ways to save with Co+op Basics!

Looking to stretch your grocery budget? Check out our Co+op Basics program. Co+op Basics offers everyday low prices on many popular grocery and household items. From milk to beef to cereal, you'll find low prices on your favorite products.



Date: _____ Member Number: _____

Name (s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

How did you hear about the Healthy Food Access Program? _____

_____ I understand that I must re-apply annually for the HFA discount.
(Initial)

_____ I understand that discounts will not be applied retroactively.
(Initial)

_____ I understand that this discount is only for the person(s) listed on the membercard
(Initial)

_____ I understand that by accepting this discount I waive my right to any/all other Member discounts or promotions taken at the registers.
(Initial)

Please present a current copy of one of the following at the time of application:

Proof of Food Stamp benefits Notice of Supplemental Security Income

Other form of supplemental assistance

I meet the terms of the Healthy Food Access program.

Signature: _____

For Service Desk Staff:

Member Number: _____

Date Received: _____ Approved By: _____