

THINGS TO KNOW

- **You must** be a Littleton Food Co-op member to apply for the Healthy Food Access (HFA) program.
- **Qualified Applicants** may be eligible for financial assistance to become partial members. Equity assistance shares are non-refundable.
- **HFA membership** must be renewed annually. A renewal reminder will be sent during the first month of every year.
- **HFA Participants** are not eligible for patronage rebates while enrolled.
- **HFA Discount** may only be used by approved person(s).

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.



LITTLETON FOOD CO-OP'S HEALTHY FOOD ACCESS PROGRAM

HFA.

INCREASES COMMUNITY ACCESS TO HEALTHY, LOCAL, AND ORGANIC FOOD.

Littleton Food Co-op
43 Bethlehem Rd.
Littleton, NH 03561

(603) 444-2800
littletoncoop.com

HFA.

HEALTHY FOOD ACCESS PROGRAM

10% OFF



LITTLETON
food coop
a community-owned market

HOW TO APPLY

1. Become a Littleton Food Co-op Member.
2. Complete the Healthy Food Access (HFA) application and drop it off in-store at the service desk.

WHO IS ELIGIBLE?

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

MEMBERSHIP

While we'd like everyone to consider purchasing a full membership, partial membership is all that's required to participate in the HFA program. A full membership is \$100. Partial membership can be purchased in increments of \$25. Qualified applicants may be eligible for financial assistance (\$25) to become a member. Financial assistance shares are non-refundable.

If you'd like to apply for financial assistance, please indicate below.

☐ Yes ☐ No

INTERNAL USE ONLY

Member #
Date Received
Approved by

Healthy Food Access Application

Member #:

Name(s):

Date:

Address:

Apt #:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

How did you hear about our HFA program?

Please read and acknowledge that you understand the four points below.

I must re-apply annually for the HFA Program.

☐ **I understand.**

Discounts will not be applied retroactively.

☐ **I understand.**

HFA discount may only be used by approved person(s).

☐ **I understand.**

HFA discounts may not be combined with other promotions or discounts. *Subject to managerial discretion, see service desk for current restrictions.*

☐ **I understand.**

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

☐ Proof of SNAP benefits

☐ Notice of Supplemental Social Security Income

☐ Other form of supplemental assistance

I meet the terms of the Healthy Food Access Program.

☐ **Yes**

Print Name

Sign Name