



## FOOD FOR ALL PROGRAM APPLICATION

Applications must be submitted in-person by appointment.  
To schedule an appointment, please call the Customer Service Manager at 603-225-6840

The Food For All program is designed to make natural, wholesome foods more affordable to current Co-op members and new members of the Co-op community. The Food For All program means more people in our community coming together and supporting a dynamic, locally owned cooperative, committed to offering healthier food choices by offering a 15% discount on most food products and an additional three years to complete a membership investment. Co-op member-owners qualify for the Food For All program if they currently receive assistance from one of the following programs: SNAP, WIC, Medicaid, or Free School Lunch Program. Excluded merchandise includes beer, wine, and buying club orders.

### APPLICANT'S INFORMATION

First Name	Last Name
Mailing Address	
City, State, and ZIP Code	Primary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell
Email	

*When submitting your application, you must present state-issued photo identification.*

How many adults reside in your household?	How many children (age 17 and under) reside in your household?
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### CO-OP MEMBERSHIP STATUS & QUALIFYING INFORMATION

What is your current membership status with the Co-op?  
*If unsure, please leave blank, the employee accepting your application will assist you.*

Fully Invested     
  Not a member     
  Partially Invested

*For applicants who are not currently a Co-op Member-Owner, or are not fully invested, a membership payment of \$25 must be submitted with this application. Food For All program participants may make annual membership payments of \$25 in place of the normal quarterly payments until the full membership investment is completed. Please see the Co-op's membership brochure for full details about Co-op membership.*

*The following are considered by the Co-op to be qualifying programs. Please bring evidence of one of these programs when submitting your application.*

Program Name	Documentation Required. Please bring copies to store. Copies will be returned.
SNAP: Supplemental Nutrition Assistance Program	Letter of eligibility dated within the previous year. <i>Please note: an EBT card alone is not sufficient to show eligibility.</i>
WIC: Women Infants & Children	Letter of eligibility dated within the previous year. <i>Please note: due to federal and state regulations, the Co-op is unable to accept WIC.</i>
Medicade	Current Awards Letter dated within the previous year.
Free School Lunch Program	Letter of eligibility for child residing in household for the current school year. <i>Please note: the reduced school lunch program is not a qualifier for the FLOWER program.</i>

# FOOD FOR ALL PROGRAM AGREEMENT

Applicants are considered for this program without regard to race, color, ancestry, religious affiliation, gender, age, national origin, sexual orientation, disability and other characteristics protected by law.

## Conditions of Food For All Discount Eligibility:

By accepting and using a Food For All discount, Members agree to and understand that:

1. The Food For All discount is valid for one year and applicants need to reapply on an annual basis.
2. Membership payments must be current: fully invested, or an annual payment of \$25 at time of application until fully invested.
3. If membership or Food For All discount expires, a retroactive discount on previous purchase is **not available**.
4. Purchases are for the exclusive use of the applicant's immediate household. Applicants will not allow unauthorized individuals access to membership card and benefits.
5. Not all items/products and services are available for discount, and that in the event of any discrepancy or error, any decisions regarding discounts made by the Co-op will be final.
6. Food For All discount cannot be combined with the SENIOR, case, or Member Appreciation Discounts (MAD).
7. The Co-op reserves the right to make changes to the program including eligibility requirements, discount amount, and eligible products, at any time.

All information contained in this application is true and correct to the best of my knowledge. I understand that falsified information or significant omission may disqualify me from consideration for Food For All program benefits and may be cause for removal from the program if discovered at a later date. I authorize the Concord Food Cooperative Inc. to investigate all statements contained in this application.

I hereby acknowledge that I have read, understand, and agree to the preceding statements. I understand that failure to comply with these conditions may result in deactivation of the Food For All Discount.

Applicant's Signature	Date
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## FOR STORE USE ONLY

Application Accepted By:	Application Processed By:																	
Date Received:	Date Completed:																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">Membership status</td> <td></td> </tr> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>New member - Partial</td> </tr> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>New member - Full</td> </tr> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Active - Full</td> </tr> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Active - Partial</td> </tr> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Inactive</td> </tr> </table> <p>Membership Shares Purchased Today: A B B B                  Member Number:  <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </p>	Membership status		<input type="checkbox"/>	New member - Partial	<input type="checkbox"/>	New member - Full	<input type="checkbox"/>	Active - Full	<input type="checkbox"/>	Active - Partial	<input type="checkbox"/>	Inactive						Notes
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### Checklist

<input type="checkbox"/>	Verified qualifying paperwork (Do Not Keep)
<input type="checkbox"/>	Copy of state-issued photo ID card attached
<input type="checkbox"/>	Membership payment of \$25 if new or inactive
<input type="checkbox"/>	Completed & Processed Membership sign-up

### Status

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Not Approved: Indicate Reason
<input type="checkbox"/>	Membership Processed On:
<input type="checkbox"/>	Status Changed in POS