

Co-op Cares Application

Increasing access to healthy,
local, and organic food.

Date: _____ Member-owner number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

☐ I would like to be informed about Co-op sales, news, and events via email.

Please send my approval letter via: ☐ mail ☐ email

_____ I understand that this discount may not be applied retroactively or combined with other discounts.
(initial)

_____ I understand that this discount is not to be shared with other customers and member-owners.
(initial)

_____ I have shown my proof of benefits — certification end date must be listed — to the customer
(initial) service desk.

I am a member-owner in good standing and I meet the terms of the Co-op Cares program:

Signature: _____

Co-op Use Only:

Member has provided their current WIC program verification of certification, notice of decision from DCF for 3SquaresVT, supplemental security income award letter, or community partner verification letter: ☐ Yes ☐ No

Date received: _____ By: _____

Eligibility end date: _____ Date letter sent: _____

Date discount on: _____ Date discount to be renewed: _____

Date reminder made: _____ via: ☐ phone ☐ email ☐ mail



623 Stone Cutters Way, Montpelier, VT 05602
ph: 223.8000 • fax: 223.0297
hungermountain.coop
info@hungermountain.coop