

Montana WIC Program  
Farm Direct  
Annual Training Documentation 2017

<b>Farmer Name (First &amp; Last) – please print</b>	<b>Farm Direct Number</b>	<b>Telephone Number:</b>
		<b>Fax Number:</b>
<b>Mailing Address:</b>		<b>County:</b>
<b>City:</b>		<b>Zip Code:</b>
<b>Farm/Corporation Name:</b>		
<b>E-mail:</b>		

**Training is required before you can accept WIC benefits for the upcoming season. List the date & location of your 2017 training session.**

**Please list all markets & locations, days and months you plan to sell your produce.**

	Check the days of the week that you normally sell.	<u>YOUR</u> Start Date	<u>YOUR</u> End Date
Name & Location	<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat	____/____ <small>Month Day</small>	____/____ <small>Month Day</small>
Name & Location	<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat	____/____ <small>Month Day</small>	____/____ <small>Month Day</small>
Name & Location	<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat	____/____ <small>Month Day</small>	____/____ <small>Month Day</small>
Name & Location	<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat	____/____ <small>Month Day</small>	____/____ <small>Month Day</small>

**Training Topics Covered**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>Farm Direct Program Overview</li> <li>Ongoing selection criteria</li> <li>Post WIC Sign</li> <li>Eligible produce &amp; approved food list</li> <li>Non Discrimination</li> <li>Transaction &amp; Redemption Policies</li> <li>Depositing &amp; Safe Storage of FMNP</li> </ul> | <ul style="list-style-type: none"> <li>benefits</li> <li>Violation &amp; Sanctions</li> <li>Fair Hearing Rights</li> <li>Contact Information</li> </ul> |
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I understand that I am responsible for the above-listed information. I understand that I must ensure other people who work in my booth/stall/table are educated in these matters. I understand that failure to follow WIC Farm Direct policies and procedures may result in my disqualification from participating in the WIC Farm Direct Program in Montana.

Signature of Farmer	Date
Signature of Trainer & Name of Local WIC Agency	Date