

Montana WIC Program
2017 Farm Direct
Initial Training Documentation

Name: _____

Training Location: _____

Training Date: _____

Topics Covered

- | | |
|--|---|
| _____ Farm Direct Program overview | _____ Redemption procedures |
| _____ Selection criteria | _____ Safe storage of FMNP benefits |
| _____ Locally grown produce | _____ Depositing FMNP benefits |
| _____ Eligible produce food list | _____ Violations & Sanctions |
| _____ Produce purchased with FMNP benefits
must be the same quality & cost as available
to other customers | _____ Fair Hearings rights & process |
| _____ Non-discrimination | _____ The local WIC Farm Direct contact is

_____ Their phone number to contact with
Questions is _____ |
| _____ Review agreement | _____ The State WIC Office number is 1-800-433-
4298 – use option 2 for WIC benefit
redemption & rejection questions. |
| _____ Transaction policies & procedures | |

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

Date

Local WIC Agency