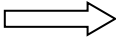


Montana WIC Program

Farm Direct Application & Program Requirements 2018

Farmer Name (First & Last) – please print		Telephone Number:	
Physical Address:		Fax Number:	
Mailing Address:		County:	
City:		Zip Code:	
Farm/Corporation Name:			
Tax ID Number:		OR	Social Security Number:
E-mail:			
Training is required before you can accept FMNP benefits. List the date & location you attended or plan to attend a 2018 training session.			
<p>Please review the following definitions and initial the box if, once authorized, you would meet these requirements.</p> <ul style="list-style-type: none"> • Farmer - Farmer means an individual authorized by DPHHS to sell locally grown, eligible fruits and vegetables to Montana WIC participants at farmers’ market and/or roadside stands. Individuals who sell produce grown by someone else, such as a wholesale distributor, cannot be authorized. ⇒ <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> • Eligible Foods - Fresh, locally grown fruits and vegetables as listed on the Farm Direct Food List. • Locally Grown – Produce grown only within Montana borders, or counties adjacent to Montana borders where the farmer is selling the produce. 			
Did you initial the box above?			
Please list all 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
_____	<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	____/____	____/____
Location		Month Day	Month Day
_____	<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	____/____	____/____
Location		Month Day	Month Day
_____	<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	____/____	____/____
Location		Month Day	Month Day
_____	<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	____/____	____/____
Location		Month Day	Month Day

<input type="checkbox"/> No <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No <input type="checkbox"/> Yes	Are there times when you have fresh fruits & vegetables to sell that you did not grow yourself? If yes, what percent of the total fresh produce that you take to each point of sale do you not personally grow? Do you sell produce that is not locally grown?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you at least 18 years of age, reside and grow produce in Montana or in a county adjacent to Montana?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Is your booth/stall/stand accessible to persons with a disability?
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain. 	Do you have a conflict of interest with the Montana WIC Program, the Local WIC Program, Montana Senior FMNP, Montana WIC FMNP or the Department of Public Health and Human Services (included but not limited to family relationship, contract for services, employment, or business ties)?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you or any agent of your farm had a conviction or civil judgment related to business integrity in the following: fraud, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you or any agent of your farm had a Supplemental Nutrition Assistance Program (SNAP) disqualification or civil money penalty imposed within 12 months of the date of this application?
_____	WIC Farm Direct farmers are required to display the Farm Direct sign at all times you accept or intend to accept FMNP benefits. Please indicate the number of signs you will need.

By signing this application:

- I declare that the information provided on this application is accurate and true and that I meet the requirements to participate in this program.
- I will not accept WIC Farm Direct FMNP benefits until I am fully authorized with the Montana WIC Program.
- 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/stand are educated in these matters. I understand that failure to follow Montana WIC Program Farm Direct policies and procedures may result in my disqualification from the program.
- I will display the WIC Farm Direct sign at the point of sale.
- I will cooperate with staff from the Montana WIC Program or the USDA in monitoring for compliance with program procedures and requirements.

Signature of Farmer:

Date:

Please return the completed application no later than July 15 to the Local WIC Agency contact at:

This institution is an equal opportunity provider.

For Office Use only

Date Received:

Date Issued:

Farm Direct # Assigned: