

Montana WIC Program
Farm Direct
Annual Training Documentation 2020

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

Training is required before you can accept WIC benefits for the upcoming season. List the date & location of your 2020 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	___/___/___ Month Day	___/___/___ Month Day
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	___/___/___ Month Day	___/___/___ Month Day
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	___/___/___ Month Day	___/___/___ Month Day
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	___/___/___ Month Day	___/___/___ Month Day

Training Topics Covered

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| <ul style="list-style-type: none"> Farm Direct Program Overview Ongoing selection criteria Post WIC Sign Eligible produce & approved food list Non- Discrimination Transaction & Redemption Policies | <ul style="list-style-type: none"> Depositing & Storage of FMNP benefits Violation & Sanctions Fair Hearing Rights Contact Information |
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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