Montana WIC Program
2020 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

_____ Review agreement  _____ Their phone number to contact with Questions is _________________

_____ Transaction policies & procedures  _____ The State WIC Office number is 1-800-433-4298 – use option 2 for WIC benefit redemption & rejection questions.

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