

Montana WIC Program
Farm Direct
Annual Training Documentation 2024

Farmer Name (First & Last) – please print	Farm Direct Number	Telephone Number:
		Fax Number:
Mailing Address:		County:
City:		Zip Code:
Farm:		
E-mail:		
Training is required before you can accept WIC benefits for the upcoming season and this needs to be completed by June 15 to remain on the program. List the date & location of your 2024 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.		
_____	<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	<u>YOUR Start Date</u> <u>YOUR End Date</u> ____/____/____ ____/____/____ 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
Name & Location		

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