

Montana WIC Program
2024 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