

**FARMERS' MARKET NUTRITION PROGRAM
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MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
WIC PROGRAM

POLICY AND PROCEDURE MANUAL

Policy and Procedure Number: 8.00
Effective Date: June 1, 2004
Revised Date: May 12, 2016

SECTION: FARMERS' MARKET NUTRITION PROGRAM

SUBJECT: WIC Farmers' Market Nutrition Program

A. Policy

The purpose of the WIC Farmers' Market Nutrition Program (FMNP) is to:

1. Provide resources to women, infants, and children who are nutritionally at risk to obtain fresh nutritious unprepared foods, such as fruits and vegetables, at farmers' markets and farm stands; and
2. Expand the awareness and use of farmers' markets.

The FMNP provides local agencies with resources, in the form of FMNP checks, to distribute to eligible WIC participants to purchase fresh nutritious unprepared foods, such as fruits and vegetables, at authorized farmers' markets and farm stands.

To be eligible to receive FMNP checks, WIC participants must be 6 months of age or older at the time of check issuance, and report to a WIC clinic that is located near an authorized farmers' market.

B. Procedure

1. Receipt and Storage of WIC FMNP Checks

Upon receiving the WIC FMNP checks from the Maryland Department of Agriculture (MDA) FMNP, an authorized WIC local agency staff person shall confirm that the correct number of materials has been delivered. When verified, the receipt form (Attachment 8.00A) shall be completed and returned to the MDA FMNP Administrator as instructed on the receipt form.

The FMNP checks are negotiable and should be stored in a secured manner.

2. Check Distribution Procedures

The local agency shall:

- a. Distribute FMNP checks to eligible WIC participants during the months of June, July and August at food instrument pick up appointments or at special appointments designated for distributing the FMNP checks.
- b. Provide nutrition education on the benefits of fresh fruits and vegetables.
- c. Provide instructions to the participant or designee on how to use the checks at the farmers' market; distribute the "Farmers' Market Nutrition Program Participant Information" brochure and the "Farmers' Market Directory," and if possible, explain the importance of:
 - i. arriving at the market at the beginning of the business hours to have the best selection of fresh produce;
 - ii. walking around the farmers' market to compare the quality and price of the fresh produce offered; and
 - iii. using the Farmers Market Finder website to locate the most convenient farmers market.
- d. Provide WIC benefits (as availability of FMNP checks allow) totaling \$20 per participant, not to exceed \$40 per household.
- e. Identify the participant or household receiving checks on the FMNP Check Register (Attachment 8.00B) in the following manner:
 - i. When issuing one book of checks to a household:
 - Write one of the participant ID numbers on the FMNP Check Register next to the serial numbers of the checks issued;
 - Record the total number of eligible participants in the household by category.

Example #1: Checks issued to a household with a pregnant woman and a child
PG = 1, C = 1;

Example #2: Checks issued to a household with a post-partum woman, a 4 month old infant, and two children

WPP = 1, C = 2 (note that the infant does not get reported in this example);

Example #3: Checks issued to a household with a breastfeeding woman, a 6 month old infant and a child
BW = 1, I = 1, C = 1;

Example #4: Checks issued to a household with a pregnant woman.
PG = 1

- Ask the WIC participant or designee to sign the FMNP Check Register.

ii. When issuing two books of checks to a household:

- Write one of the household's participant numbers on the FMNP Check Register on a slant covering both lines next to the serial numbers of the checks issued (Attachment 8.00B);
- Record the total number of participants in the household by category. (See examples above.)

f. Ask the WIC participant or designee to sign the FMNP Check Register on a slant covering both lines.

g. Insert staff initials in the designated location.

h. Insert the date in the designated location.

3. Records/Reports

The local agency shall:

a. Enter the total number of pregnant, post-partum and breastfeeding women, infants, and children at the bottom of each completed FMNP Check Register.

b. Using Attachment 8.00D, report the total number of books of checks issued and the monthly totals of each category to the WIC Program FMNP Coordinator by the fifth business day of the following month.

c. Maintain the original completed FMNP Check Registers for a period of three years following the date of filing the final closeout report for

the period to which the report pertains.

- d. Allow State WIC and other state and federal agency staff to review FMNP records during management evaluations and other audits as requested.

4. Lost or Stolen Checks

- a. Any checks which are lost or stolen should be reported to the State WIC Office FMNP Coordinator. This applies to checks lost or stolen at the local agency or reported by the WIC participant. The local agency shall complete the FMNP Lost or Stolen Check Report (Attachment 8.00C) and forward it to the State WIC Office FMNP Coordinator.
- b. FMNP checks shall not be reissued to WIC participants who report their checks lost or stolen.

5. Returned Checks

- a. If a WIC participant returns all of the checks they were issued to a WIC clinic and they are still valid, the local agency shall document the checks returned in the Notes section of the management information system and, if possible, reissue the checks to another eligible WIC participant.
- b. If a WIC participant uses one or more of their checks and returns their unused checks to a WIC clinic and they are still valid, the local agency shall document the checks returned in the Notes section of the management information system and destroy the checks.
- c. If a WIC participant uses one or more of their checks and returns their unused checks to a WIC clinic and they are no longer valid, the local agency shall destroy the checks.

6. Participant Survey

When instructed by the State Agency the local agency shall distribute a FMNP survey to WIC participants who received FMNP checks in order to collect data on the impact of the FMNP on the WIC participant as instructed by the WIC FMNP Coordinator.

Attachments:

- 8.00A Receipt of FMNP Materials Form
- 8.00B Maryland WIC FMNP Check Register

- 8.00C Lost or Stolen Check Report
- 8.00D Monthly FMNP Distribution Reporting Form

Revisions:

- 04/11 Revised B. 2.d. to increase the value of the book of checks from \$18.00 to \$20.00;
Revised B.6. to add "When instructed by the State Agency;" added new Attachment 8.00A and renumbered Attachments 8.00A and B to 8.00B and C.
- 10/13 Changed WIC WINS to management information system.
- 03/16 Clarify the process for reporting issuance on women to include pregnant, post-partum and breastfeeding women; revised with general grammatical edits and formatting changes; overhauled form 8.0B to include reporting categories of pregnant, post-partum and breastfeeding women and restructured table so data is more clear and organized; updated Attachment 8.00A and 8.00 C with correct contact information and revised formatting; added new reporting form for agencies to submit more accurate numbers/data to the state agency.



RECEIPT OF FMNP MATERIALS

Local WIC Agency: _____

Name of person responding: _____

Telephone number: _____

Email: _____

Date: _____

I acknowledge receipt of the following program materials for the Farmers' Market Nutrition Program by this agency:

MATERIALS RECEIVED	ALLOTMENT	TOTAL RECEIVED	DATE RECEIVED
Checks			
Register Logs			
Participant Info Brochure - English			
Participant Info Brochure - Spanish			
Map Brochures			

I would like to report the following problems with the materials:

Signature: _____

Please Fax or Email to the MDA, FMNP Administrator, Shelby Watson at **410-841-5987** or Shelby.Watson@Maryland.Gov within five (5) business days of receiving the last shipment of FMNP materials.

MARYLAND WIC FMNP CHECK REGISTER

This certifies that the initialing staff members issued the following coupon booklets to eligible participants at:

WIC Local Agency Name: _____

Clinic Name: _____ Clinic Number: _____

PG=Pregnant WPP=Post-partum BW=Breastfeeding I=Infant \geq 6 months C=Child

	Check Range	WIC ID Number	P G	W P P	B W	I	C	Participant/Proxy Signature	Staff Initials	Date of Issuance
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
TOTAL EACH COLUMN										



Maryland WIC Farmers' Market Nutrition Program

Lost or Stolen Check Report

Please complete the information below and fax to the State WIC Office.

Local WIC Agency: _____ Date: _____

Name of person completing report: _____

Serial numbers of lost or stolen checks: # _____ through # _____

Site where checks were lost or stolen: _____

Name of person who reported checks missing: _____

Date checks reported missing: _____

Please describe all the known information pertinent to the theft or loss of the missing checks, e.g. last place where checks were seen, activity occurring in the vicinity of checks prior to the loss or theft, etc.

Submit this report by Fax or Email to the WIC Program FMNP Coordinator, Terri Buckler at **410-333-5683** or terri.buckler@maryland.gov.



MONTHLY FMNP DISTRIBUTION REPORTING FORM

Local WIC Agency: _____

Name of person reporting: _____

Telephone number: _____

Email: _____

Date: _____

Add the totals from your completed FMNP Check Registers and complete the following:

	Number of Books Distributed	PG	WPP	BW	I	C
JUNE						
JULY						
AUGUST						

Submit this form by Fax or Email to the WIC Program FMNP Coordinator, Terri Buckler at 410-333-5683 or terri.buckler@maryland.gov, by the **5th business day of the month following FMNP check distribution.**