

**Commonwealth of Virginia**  
**SENIOR AND WIC FARMERS MARKET NUTRITION PROGRAM (S/FMNP)**  
***Farm Market Fresh* FARMER APPLICATION**

**DEFINITION:**

“Farmer” means an individual who grows and sells a minimum of \$1,000 in gross sales of produce per farm unit per year.

**To participate in the S/FMNP, a “Farmer” must:**

1. Be the **bona fide producer** of the fresh fruit, vegetables, and cut herb products offered in exchange for Senior and WIC S/FMNP checks (*Farm Market Fresh Handbook*, page 6-7).
2. Accept training and monitoring on program rules and procedures, which may include visits on the farm or at the market.
3. Be certified **every two years** by Virginia Department for Aging and Rehabilitative Services (DARS-OAS) agricultural partners (VDACS, VAFMA, VSU) and hold an authorized Farmer Agreement with the Department for Aging and Rehabilitative Services (DARS-OAS).
4. Agree to comply with all Senior and WIC S/FMNP rules and amendments to rules that may be in effect at markets and/or mailed to farmers.
5. **Not live in the same household** or be an immediate family member of Senior or WIC participants or WIC/Area Agency on Aging (AAA) staff at the local or state agency. There shall be no opportunity for conflict of interest between the authorized Farmer, VDACS, VAFMA, VSU or DARS-OAS staff or local organization (WIC/AAA) staff.

**I. Farmer Information:**

(Please Print or Type)

FARMER NAME \_\_\_\_\_ Number of Acres  
Farmed in Produce: \_\_\_\_\_

FARMER MAILING ADDRESS \_\_\_\_\_

CITY/TOWN

STATE

ZIP

PRIMARY PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

\*Primary phone = best number to reach you in the event of (rare) banking issues.

Please indicate whether you would like this information made available to S/FMNP participants to inform them of where and when you are selling produce. If no boxes are checked, this information will be on the S/FMNP promotional material for participants.

Yes  No **Other** \_\_\_\_\_

**Additional information for future S/FMNP planning:**

Do you have a smartphone?  Yes  No If so, are you able to download applications?  Yes  No

Do you text?  Yes  No Do the majority of the markets you attend have internet access?  Yes  No

**II. Identification (ID) Stamp Information:**

Do you presently have a S/FMNP check ID stamp?  Yes  No If Yes; stamp ID # \_\_\_\_\_

When you stamp your checks, all three digits must be clearly readable. If your stamp is worn or broken, please indicate that you need a new stamp. A new stamp will result in a new stamp ID #. If you need more ink to make a clear imprint, please request an ink refill.

Need a new stamp?  Yes  No If no stamp is needed, do you need an ink refill? Yes No

**ENDORSEMENT** – Please print here \_\_\_\_\_ the name you use to endorse the back of the Senior and WIC S/FMNP checks.

**III. Eligible Foods Grown:** List the Eligible fruit, vegetables, and cut herbs grown on your farm for which you plan to accept Senior & WIC FMNP checks:

\*\*Please note, only those products listed and approved can be sold in exchange for S/FMNP checks.

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Farm geographic location or address at which fruits, vegetables, and/or fresh cut herbs are **grown**:

\_\_\_\_\_  
Address/Location

\_\_\_\_\_  
City/Town/State

**IV. Farmers' Markets – Groups or Associations of Farmers – Note: not all Farmers' Markets are allowed to participate in Senior and WIC S/FMNP. Please review the list of currently participating Markets in the Farmer Handbook**

Please print all the FARMERS' MARKET(S) selling locations and addresses and circle the DAYS OF WEEK in season, where you expect to **sell** your self-grown produce:

Name of Farmers' Market	Location and Address	Select Days & List Hours of Operation
		<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 Hours:
		<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 Hours:
		<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 Hours:

**V. Roadside or Farm Stands – Individual Farmer Operations – No NEW Roadside or Farm Stands are being authorized.**

Authorized Farmers who were accepting S/FMNP checks at a Roadside or Farm Stand **PRIOR TO 2013** are “grandfathered” and allowed to accept the checks at their Roadside or Farm Stand as they have done in prior years.

Please describe the ROADSIDE or FARM STAND(S) where you expect to **sell** your self-grown produce. Complete the physical locations and ADDRESS(ES) and circle the DAYS OF WEEK in season:

Description of Roadside or Farm Stand	Physical Location and Address	Select Days & List Hours of Operation
		<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 Hours:
		<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 Hours:

**\*Feel free to attach additional information describing your Roadside or Farm Stand or your self-grown produce.**

**VI. Signature - By signing this form:**

- I understand this is an application to be an authorized Farmer for the Senior and WIC Farmers Market Nutrition Program (S/FMNP) and it is not a guarantee that I will be authorized.
- I understand the Farmer criteria as described in the Farm Market Fresh Handbook for Farmers and affirm that I meet the Farmer criteria.
- I understand that I may be authorized to accept S/FMNP checks only at certain specified farmers' markets, and my Roadside or Farm Stand may not be selected as a priority location.
- I understand I cannot accept Senior and WIC S/FMNP checks before I receive the signed Farmer Agreement or before the date indicated on the checks (June 1).
- I affirm that the statements in this request for authorization are true. I understand if I give false information, DARS-OAS and its agriculture partners will deny or terminate my authorization to accept Senior and WIC S/FMNP checks.

\_\_\_\_\_  
PRINT FARMER NAME

\_\_\_\_\_  
SIGN FARMER NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF DARS'  
AGRICULTURAL PARTNER

\_\_\_\_\_  
DARS' AGRICULTURAL PARTNER  
SIGNATURE

\_\_\_\_\_  
DATE

**Address below is for discrimination complaints ONLY,  
DO NOT mail your application to this address; it will NOT be processed.**

Please use the enclosed envelop to mail your completed application to your regional VDACS representative.

### **USDA Non-Discrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
Program.Intake@usda.gov

This institution is an equal opportunity provider.

07/25/2022