

STATE OF NEW YORK · DEPARTMENT OF AGRICULTURE AND MARKETS  
WIC Vegetables and Fruits Check Program at Farmers' Markets

**FARMER APPLICATION FORM**

I have read the information regarding the New York State Farmers' Market Nutrition Program (FMNP) and WIC Vegetables and Fruits Check Program. **I understand that to be selected to participate in the WIC Vegetables and Fruits Check Program I must:**

**Be currently registered for the FMNP**

**Attend training for the WIC Vegetables and Fruits Check Program**

**Complete a "Farmer Application Form"**

**Sign a "Farmer Agreement" exclusively for the WIC Vegetables and Fruits Check Program**

**Complete a "Bank Designation Form"**

**Attach a voided check**

I understand that in accordance with USDA, FMNP, and WIC guidelines, the Department reserves the right to select farmers that assure successful program operations and offer the greatest distribution of benefits to WIC and Senior FMNP participants.

I am currently enrolled in the New York State Farmers' Market Nutrition Program.

Name \_\_\_\_\_

Farm Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Market(s) attending (attach separate sheet if necessary)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

The Farmer Application is required by New York State under the authority of 10NYCRR 60-1 and 7CFR 246. The information is used to determine whether the applicant farmer meets eligibility requirements, to collect information used for statistical purposes and to have accurate mailing and contact information. Failure to provide the requested data may result in the denial of your Farmer Application.

I understand that submitting this application does not constitute authorization to participate in the WIC Program or permit me to accept WIC Vegetables and Fruits checks and that there are fines and penalties for accepting and redeeming WIC checks without authorization to do so. I also understand that I may be liable to the State of New York for any and all WIC checks accepted or redeemed without authorization to do so. I understand that if I provide any false information, this may result in this application being treated as incomplete or denied or my disqualification from the WIC Program. Under the penalty of perjury, I affirm that each statement contained within this application is true.

I authorize my bank of deposit to release to the New York State my bank signature card and application at any time without a subpoena. I authorize all persons, governmental or business entities, or any other entities, to release any and all information, both verbal and written, regarding myself or my business to the New York State Department of Health or its representative whenever they are requested to do so. I authorize the New York State or its representative to release any and all information they obtain relative to my application to any and all other governmental entities in accordance with 7 CRF 246.26(e). A photocopy of this authorization shall be considered as effective as the original.

Standards for participation in the WIC Program are the same for everyone. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250. If you feel you have been discriminated against based on marital status, religion or political belief, call the toll-free NYS Growing Up Healthy Hotline at 1-800-522-5006.

No fee is charged by the state to become a participating Farmer in the NYS WIC Vegetables and Fruits check program or to obtain, complete or process a WIC Farmer application.

Signed \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_ ss: \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known, did duly swear or affirm that he/she

resides at \_\_\_\_\_, that he/she is the sole owner/part owner/corporate officer (circle one) of the business described herein and that he/she affirms that each statement contained within this application is true.

\_\_\_\_\_  
NOTARY PUBLIC

Mail completed agreement to: NYS Department of Agriculture and Markets, Division of Agricultural Development, 10-B Airline Drive, Albany, NY 12235. For FMNP information or assistance call: (800) 554-4501.

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**\*\*NYS Department of Agriculture and Markets USE ONLY\*\***

The farmer named above is authorized by the NYS Department of Agriculture and Markets to participate in the WIC Vegetables & Fruits Check Program.

Farm Number: \_\_\_\_\_ Date approved: \_\_\_\_\_ By: \_\_\_\_\_

