



**Arizona Farmers' Market  
Nutrition Program**

**Local Agency  
Policy and Procedures  
Manual**

**2010**



# Local Agency Policy and Procedure Manual

## Arizona Farmers' Market Nutrition Program

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### Overview

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**Contacts** The Arizona Farmers' Market Nutrition Program (FMNP) is administered by the Arizona Department of Health Services. For questions or additional information please contact:

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150 N. 18<sup>th</sup> Ave., Ste 310  
Phoenix, AZ 85007  
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150 N. 18<sup>th</sup> Ave., Ste 310  
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**USDA  
Criteria** 7 CFR Part 248 WIC Farmers' Market Nutrition Program  
7 CFR Part 249 Seniors Farmers' Market Nutrition Program

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**Purpose** To ensure that Arizona Farmers' Market Nutrition Program checks are issued appropriately to eligible participants.

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**In This  
Manual** This manual is divided into four (4) sections that detail check issuance, security, administrative tasks, complaint procedures, and an appendix of mandatory forms and order information for AZ FMNP materials.

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# Local Agency Policy and Procedure Manual

## Arizona Farmers' Market Nutrition Program

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### Section A

#### Check Issuance

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#### Policy

Arizona Farmers' Market Nutrition Program checks may only be issued to women and children who are currently participating in the WIC program, and to senior adults who participate in the Commodity Supplemental Food Program (CSFP). Local Agencies will provide participants with information concerning the consumption of fresh fruits and vegetables and the use of FMNP checks to purchase them.

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#### Eligibility

Participants will be screened and certified using the Arizona in Motion (AIM) automated system.

FMNP checks may be issued to:

- Pregnant women.
- Breastfeeding women.
- Postpartum women.
- Children 1-4 years of age.
- Seniors participating in CSFP.

FMNP checks **may not** be issued to:

- Infants.

A family may contain more than one participant, depending upon the number of eligible household members. A family shall not receive FMNP benefits for more than three members. A foster child is considered to be a family of one.

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#### Benefits

Each eligible FMNP participant shall receive \$30 in benefits per fiscal year. A household shall not receive more than a total of \$90 in benefits in any fiscal year.

The FMNP fiscal year starts October 1 and ends September 30.

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# Local Agency Policy and Procedure Manual

## Arizona Farmers' Market Nutrition Program

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### Section A

#### Check Issuance (Continued)

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**Distribution** Only Local Agencies authorized by the State Agency may issue FMNP checks.

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**Local Agency Procedure** Local Agencies will access the Arizona in Motion (AIM) system and adhere to the following procedures when distributing FMNP Checks:

- Local Agency shall explain participant rights and responsibilities and have each senior participant sign the SFMNP Participant Acknowledgement Form (Attachment A). WIC Participants sign an Acknowledgment for WIC participation that meets this requirement; no separate acknowledgment is required.
- Local Agency staff shall proceed to the Client Registration ("Client Reg") screen in the electronic client record, and select the FMNP button to issue FMNP checks. For complete details of FMNP Check Issuance and Printing, refer to Appendix C.

**Program Education** FMNP participants shall receive instructions on the proper use and redemption of the FMNP checks, which shall include:

- A Participant Guide.
- A written list of the names, locations and hours of operation of authorized markets in the area.
- Information regarding lost/stolen checks.
- Valid dates of checks.
- Information on eligible and non-eligible foods.
- Notification that no cash change shall be given for the checks.
- Instruction to bring program identification to the market and sign checks only when used at the Farmers' Market, and not before.
- Complaint procedures.
- Nutrition education, as indicated below.

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**Nutrition** Each FMNP participant must receive nutrition education that is

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### Education

culturally appropriate and relevant to the use and nutritional value of foods available through the program. Topics may include but are not limited to the following:

- Types of fruits and vegetables grown in Arizona and when they are harvested.
- Selection, storage and preparation of locally Arizona grown fruits and vegetables.
- How to increase intake of fruits and vegetables.
- Cooking with fruits and vegetables, and
- Health benefits of fresh fruits and vegetables.
- Physical activities associated with visiting the farmers' market and gardening.

Free nutrition education materials are available online through the Arizona Nutrition Network website. The Arizona Nutrition Network (AzNN) is a public and private partnership led by the Arizona Department of Health's Bureau of Nutrition and Physical Activity Programs. Through an interagency agreement with the Department of Economic Security Family Assistance Administration, AzNN provides common nutrition messages to persons who are Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program) participants or whose income falls within the eligible guidelines for the SNAP program.

FMNP Participants qualify for either WIC or Senior CSFP, so they are considered to be a target audience of the Arizona Nutrition Network. Local Agencies who participate in the program are considered supporting partners of the AzNN.

To order nutrition education materials, go to <http://www.eatwellbewell.org>. Select "Partner Resources" from the "Partners" section of the web page. Under Public Forms, select "Materials Request Form – AzNN Community & Supporting Partners". Follow instructions on website to order.

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### Documentation

Local Agencies must document education provided to the participant in the care plan screen of the Arizona in Motion (AIM) system.

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## Arizona Farmers' Market Nutrition Program

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### Section B

#### Check Security

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**Purpose** To ensure that the Arizona Farmers' Market Nutrition Program checks are received, stored, and distributed securely.

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**Procedures** Each Local Agency shall store check paper stock in a secure location following procedures approved by the State Agency. The local agency must have a written procedure that states clearly who is responsible for ordering, inventorying and securing check paper stock.

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**Lost, Stolen, or Damaged Checks** FMNP checks are negotiable instruments and shall be treated the same as cash. They will not be replaced/re-issued if lost or stolen.

To report lost or stolen checks Local Agencies will complete a Check Report Form (Appendix B) and submit to the AZ FMNP Manager. A copy of the report must be kept on file at the Local Agency for a period of three and one-half (3 ½) years.

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**Returned Checks** Checks that are returned to the Local Agency unused shall be marked "VOID" and turned into the supervisor for reconciliation. Returned checks must be reported on the Check Report Form (Appendix B) and destroyed.

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**Reissuing Checks** In the event that there is an error while issuing FMNP checks, the specific check numbers will be reissued in the AIM system. Reasons for reissuing FMNP checks include the following: checks printed but are unreadable, checks did not print, checks are returned by client unused but damaged. For specific reissuance instructions, refer to Appendix C – FMNP Issuance and Printing from AIM.

**Management Evaluations** A management evaluation of each Local Agency will be conducted by the Arizona Farmers' Market Nutrition Program or its designee at least once every other year. The evaluation will assess the Local Agency's compliance with policies and procedures and identify potential areas of fraud.

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# Local Agency Policy and Procedure Manual

## Arizona Farmers' Market Nutrition Program

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### Section C

#### Administrative Tasks

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<b>Procedure</b>	Each Local Agency will submit the following to the AZ FMNP Program Manager.
<b>Monthly Contractor's Expenditure Report</b>	To receive payment, the Local Agency shall submit to the Arizona Department of Health Services FMNP Manager a Monthly Contractor's Expenditure Report (CER). The CER shall be submitted no later than the 15 <sup>th</sup> day of following month. A CER must be submitted each program month even if no charges are being submitted for payment. Program months are March, April, May, June, July, August and September. An electronic CER will be provided for each Local Agency to use.
<b>FMNP Check Report From</b>	The Local Agency shall submit a Check Report Form (Appendix B) any time that FMNP checks issued by that agency are reported lost or stolen. Misprinted and damaged checks may be re-issued in AIM, and do not require the completion of a Check Report Form. The completed Check Report form must be submitted to the FMNP Manager at ADHS.

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### Section D

#### Complaints

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#### Complaints

Participants, Growers, Market Managers, and Local Agencies may use the WIC/FMNP hotline to report complaints or ask questions related to the FMNP.

Persons interested may call the following toll free number:

**1-866-229-6561**

The State or Local Agency staff will volunteer assistance to the applicant or participant in making a written or verbal complaint. This assistance, if accepted, will be provided the same day as the complaint is made.

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<b>Civil Rights Complaints</b>	Complaints of discrimination based on race, color, national origin, sex, age, or disability will be handled by State or Local Agency staff, as
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## **Local Agency Policy and Procedure Manual Arizona Farmers' Market Nutrition Program**

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appropriate.

Persons seeking to file a complaint of discrimination may file with the:

- USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD).

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**Appendix A: Participant Acknowledgement Form**

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See Attached

**Arizona Senior Farmers Market Nutrition Program (SFMNP)  
Participant Acknowledgement Form**

**Scope of Program**

The Arizona SFMNP offers qualified seniors the opportunity to purchase fresh, locally grown fruits and vegetables at participating Farmers' Markets in Arizona. Participants receive SFMNP checks and a Participant Guide with an explanation of how to use the checks.

**Participant Rights and Responsibilities**

I agree to abide by the rules of the Senior Farmers' Market Nutrition Program. I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. It is illegal to receive SFMNP benefits from more than one state agency at a time.

Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

“In accordance with the Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800)-795 3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

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**Appendix B: Check Report Form**

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See Attached



## AZ FMNP Check Report Form

The AZ FMNP Checks were:

Check one:     Lost     Stolen     Destroyed     Returned

Police Report: Yes No

Date Reported \_\_\_\_\_ Reported By \_\_\_\_\_

Participant's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Participant's ID # \_\_\_\_\_

Local Agency \_\_\_\_\_ Clinic \_\_\_\_\_

Check Range \_\_\_\_\_ to \_\_\_\_\_ Issue Date \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ Issue Date \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ Issue Date \_\_\_\_\_

Action Taken with Participant (not necessary if checks are only being returned):

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Completed by:  
(Staff Signature) \_\_\_\_\_ Date \_\_\_\_\_

(Printed Name) \_\_\_\_\_

**Please fax completed form to the AZ FMNP Manager at (602) 542 -1890.**

**Appendix C: Issuing and Printing FMNP Coupons from AIM  
(Screen Prints and Step-by-Step Instructions)**

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See Attached

## Issuing and Printing FMNP Coupons From AIM

FMNP checks may be entered from the Farmers' Market Module (Farmers Market; Issue Coupons) or from the Enrollment/Certification Module.

*Each Local Agency has been assigned a unique series of FMNP coupon numbers in AIM. Staff no longer need to input any numbers when issuing FMNP.*

Before issuing FMNP, go through regular certification process with client, print FI's (if applicable) and return to Client Reg Screen.

Arizona WIC Program - [Client Registration]

File Edit Item Record Query Window Help

9.0.31|Uattuc|0501

**Family**

Family ID: 106784674

Authorized Rep 1 Last Name: TESTING

Authorized Rep 1 First Name: PRECERT

MI1:  MI2:  Notes:

**Client**

Client ID: 1050172757

Last Name: TESTING

First Name: PRECERT

MI1:  MI2:  SSN:

Birth Date: 10/07/1989

Age (Yrs.) (Months): 20 4

Gender:  Male  Female

Family Size: 5

WIC Family Size: 5

Proof of Identity: DRIVER'S LICENSE/STATE ID

Application Date: 08/22/2010

Mother's ID: 2816.67

Adj. Elig.  Inc. Elig.

Eligibility:

Migrant  Homeless  Group Home  Military  Refugee  Foster Care

Disability:

Ineligibility Reason:

Family  Client Reg  Cert Action  Medical  Health  Nutr Quest  Care Plan  Food Pkg

Enter the client's Last Name.

Record: 1/1

<OSCS <DBG>

From the Client Reg screen, click on the Farmers' Market button.

Arizona WIC Program - [Client Registration]

File Edit Item Record Query Window Help

9.0.31|Uattuc|0501

**Family**

Family ID: 106764674

Authorized Rep 1 Last Name: TESTING

Authorized Rep 1 First Name: PRECERT

M11:  M12:  Notes:

**Client**

Client ID: 1050172770

Last Name: TESTING

First Name: FMNP C4

M11:  M12:  SSN:

Birth Date: 08/14/2005

Age (Yrs.) (Months): 4 5

Gender:  Male  Female

Family Size: 3 WIC Family Size: 3

Proof of Identity: D BIRTH CERTIFICATE

Application Date: 02/09/2010

Mother's ID: 1050172757

Adj. Elig.:  Inc. Elig.:

2616.67

Farmers Market:  Ethnicity/Race:  Eligibility:

Migrant  Homeless  Group Home  Military  Refugee  Foster Care

Disability:

VOC:

Ineligibility Reason:

Health Care:  Other Programs:

Transfer Info:  Previous Names:

Communications:  Previous Families:

Family  Client Reg  Cert Action  Medical  Health  Nutr Quest  Care Plan  Food Pkg

Enter the client's Last Name.

Record: 6/6 <OSC> <DBG>

If the button is not active (grayed out) the client is not eligible to receive FMNP coupons.

Arizona WIC Program - [Farmers Market Issuance]

File Edit Item Record Query Window Help

9.0.31|Uattuc|0501

Client

Client ID:

Family ID: 106764674 TESTING PRECERT

Client Issuance  
Family Issuance

Already Issued	Client ID	Foster Care	Issue State Coupons	Issue Federal Coupons	Last Name	First Name	MI	Issue Date	Start Coupon #	Ending Coupon #
<input type="checkbox"/>	1050172757	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TESTING	PRECERT		02/09/2010	96000020	96000029
<input type="checkbox"/>	1050172767	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TESTING	FMNP CHILD		02/09/2010	96000030	96000039
<input type="checkbox"/>	1050172768	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TESTING	FMNP C3		02/09/2010	96000040	96000049
<input type="checkbox"/>	1050172770	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TESTING	FMNP C4				
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Print

We have Coupons Available

We have Coupons Available To

We have Coupons Available To Serve 200 Senior Federal FM Clients.

Forms

The maximum of 3 active, categorically eligible family members will receive WIC FM coupons for this season.

Check this if you want to print state coupons for this client.  
Record: 3/4

Check the Issue Federal Coupons box. AIM will determine based on client category whether coupons issued are WIC FMNP or Senior FMNP. A maximum of three members per household may be issued checks in any one FMNP season.



Arizona WIC Program - [Farmers Market Issuance]

File Edit Item Record Query Window Help

9.0.31 (Jattuc)0501

**Client**

Client ID:

Family ID: 106764674 TESTING PRECERT

Client Issuance  
 Family Issuance

Coupons

Already Issued	Client ID	Foster Care	Issue State	Issue Federal	Last Name	First Name	MI	Issue Date	Start Coupon #	Ending Coupon #
<input type="checkbox"/>	1050172757	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TESTING	PRECERT		02/09/2010	96000020	96000029
<input type="checkbox"/>	1050172767	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TESTING	FMNP CHILD		02/09/2010	96000030	96000039
<input type="checkbox"/>	1050172768	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TESTING	FMNP C3		02/09/2010	96000040	96000049
<input type="checkbox"/>	1050172770	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TESTING	FMNP C4				

**Preview**

ARIZONA DEPARTMENT OF HEALTH SERVICES WIC PROGRAM  
 (740 WEST AVENUE, PHOENIX, ARIZONA 85027)  
 NEED HELP? Mon. - Fri. 8 AM - 5 PM, Call 1-800-525-5440

MISUSE OF DRAFTS IS SUBJECT TO STATE OR FEDERAL PROSECUTION. VOID IF ALTERED.

DRAFT # 96000049

AGENCY	CLINIC	ISSUE DATE	PARTICIPANT NAME
05	01	1050172768	TESTING, FMNP C3

FARMERS MARKET NUTRITION PROGRAM 2010

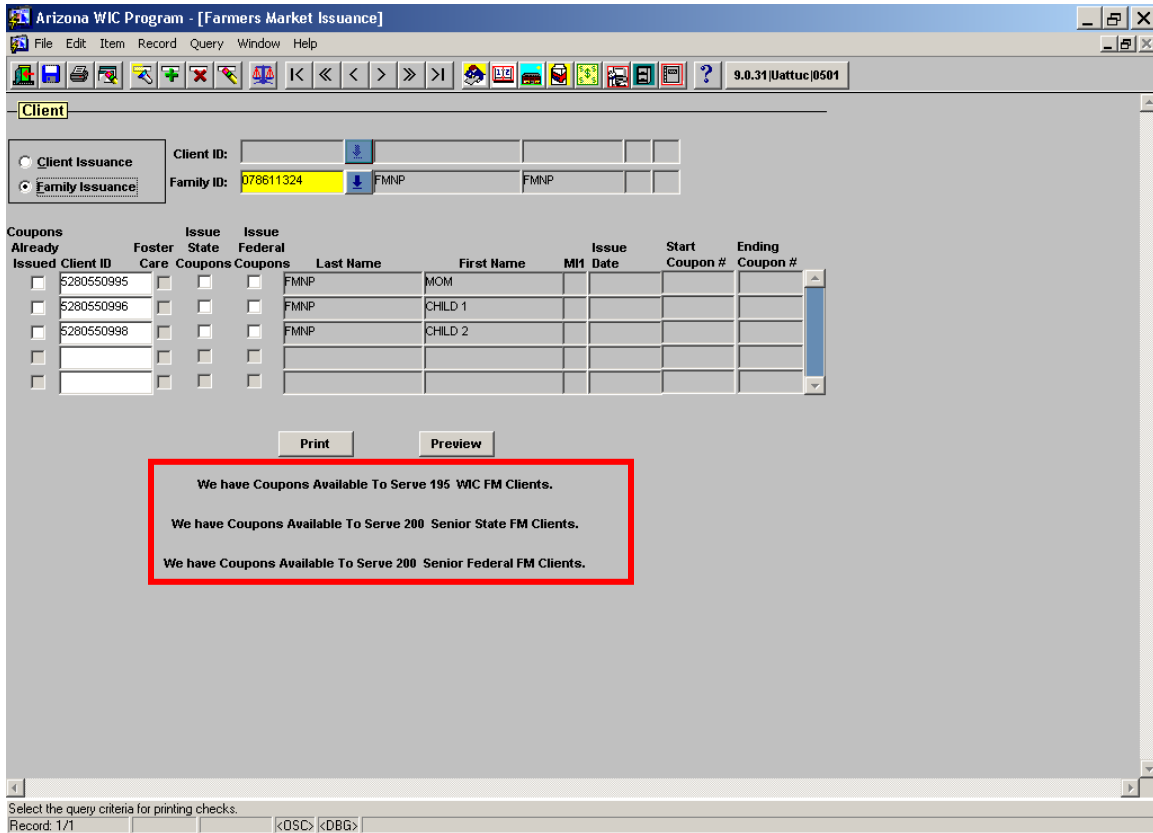
AZ WIC USE ONLY	FIRST DATE TO USE	02/09/2010
	DATE OF USE	
ACTUALLY PAID BY	LAST DATE TO USE	03/31/2010
	PAY TO THE ORDER OF:	
\$ 3.00		
SIGNATURE AT STORE		

:071100324: 7132963251

OK

This is the last coupon to be printed.  
 Record: 30/30 <OSC> <DBG>

Each eligible family member will receive 10 coupons with a value of \$3.00 each.



Farmers' Market Issuance screen indicates the number of FMNP clients to whom the Local Agency may still issue coupons for the season.

**Note: Weight must be entered for pregnant WIC clients at every visit. Therefore, if a pregnant WIC client is issued FMNP coupons at a time other than their regular certification appointment, weight must be entered before issuing coupons.**

## Reissuing FMNP Coupons



Coupons may be Reissued from the Farmers' Market module in AIM. Reasons for reissuing include only the following:

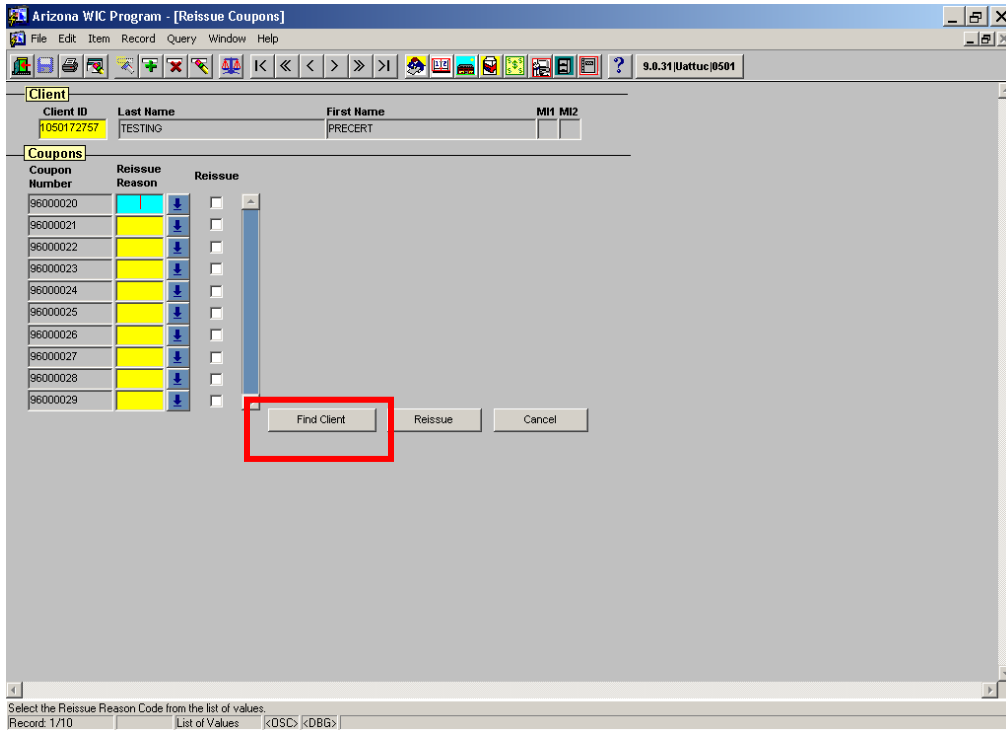
**Misprinted Text** – coupons are unusable when they come out of the printer, or they fail to print.

**Returned by Client/Unused** – if a client brings coupons to the clinic that have not been used and are damaged, you may reissue replacement coupons for the client. You may also use this function if the client signed the coupons before going to the farmers' market and the farmer refused to accept the coupons.

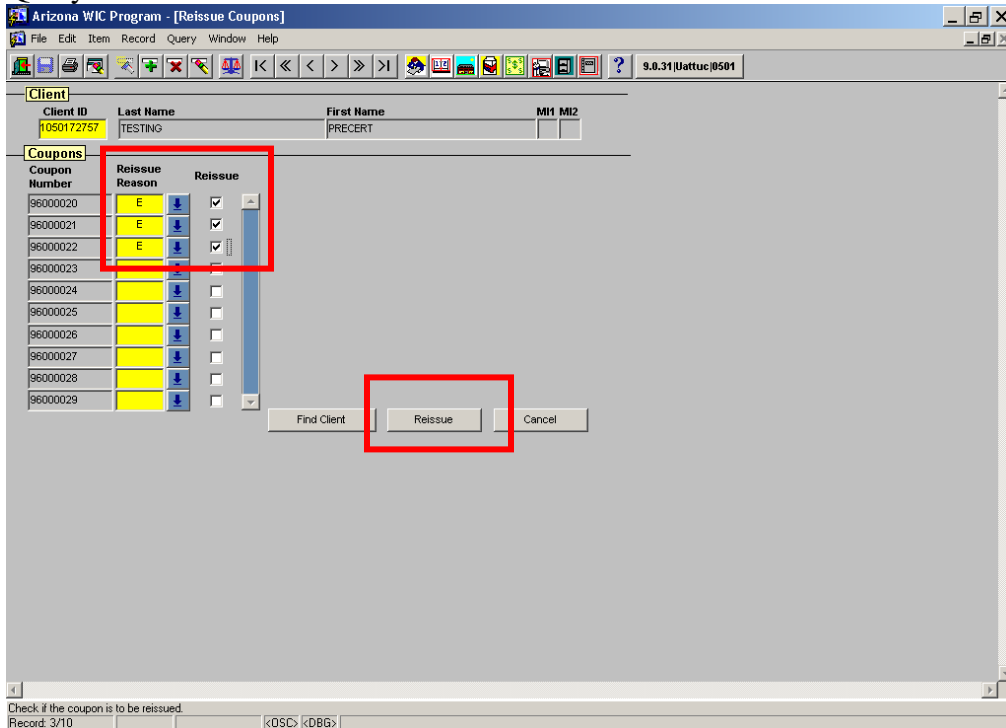
***Never Reissue Coupons unless the coupons fail to print, misprint, or are physically returned to the local agency!!!***

When coupons are “reissued” to a client, this does not affect the total number of clients that a Local Agency may serve. This is because coupons are reissued with the same coupon numbers as were initially issued.

***Coupons may not be voided in AIM!*** All selected reissue reasons require the AIM user to reissue to the same client that received them initially. Therefore, coupons that are returned by a client who does not intend to use them should NOT be reissued in AIM. Instead, clinic staff should write void on the coupons and store them until they can be reported on the (paper) Coupon Report form and destroyed. Lost or stolen coupons should also be reported on the Coupon Report form.



Enter the Client ID in the appropriate field – click on the ‘Find Client’ push button. Query and Save icons are inactive in this screen.



Select a Reissue reason for each coupon that is to be reissued and reprinted. Then check the Reissue box for each and click on the Reissue push button.

## Selecting Clinics to Issue FMNP coupons

Local Agencies should issue FMNP coupons only in areas where there is an active, approved, easily accessible farmers' market. Agencies may inquire with the FMNP Manager when making this determination.

The following demonstrates the method for selecting specific clinics in a Local Agency for FMNP issuance. This function may only be performed by Agency Directors or other staff given authority to access and make changes in Operations Management module.

To access this function, log into AIM and select the Operations Management Module. From Operations Management on the menu, select Organizational Units.

### Operations Management – Organizational Units

Organization Code:  Name:

Organization Level: LOCAL AGENCY FMS Identifier:  Elevation:

Address:

City:

County:  State:  Zip Code:

Parent Org. Code:  Name:

WIC Office Space:  Measuring Unit:  Food Pattern Prefix:

E Mail:  Contact Info.

Comment:  Phone

Forms

Inserts/deletes are not permitted at Local Agency level.

OK

Record: 1/1 <DBG>

Message will appear: Inserts/Deletes are not permitted at Local Agency level. Click OK to this message – Data cannot be inserted or deleted – it can be changed

Arizona WIC Program - [Organizational Units]

File Edit Item Record Query Window Help

Organization Code: [ ] Name: [ ]

Organization Level: LOCAL AGENCY FHS Identifier: [ ] Elevation: [ ]

Address: [ ]

City: [ ]

County: [ ] State: [ ] Zip Code: [ ]

Parent Org. Code: [ ] Name: [ ]

WIC Office Space: [ ] Measuring Unit: [ ] Food Pattern Prefix: [ ]

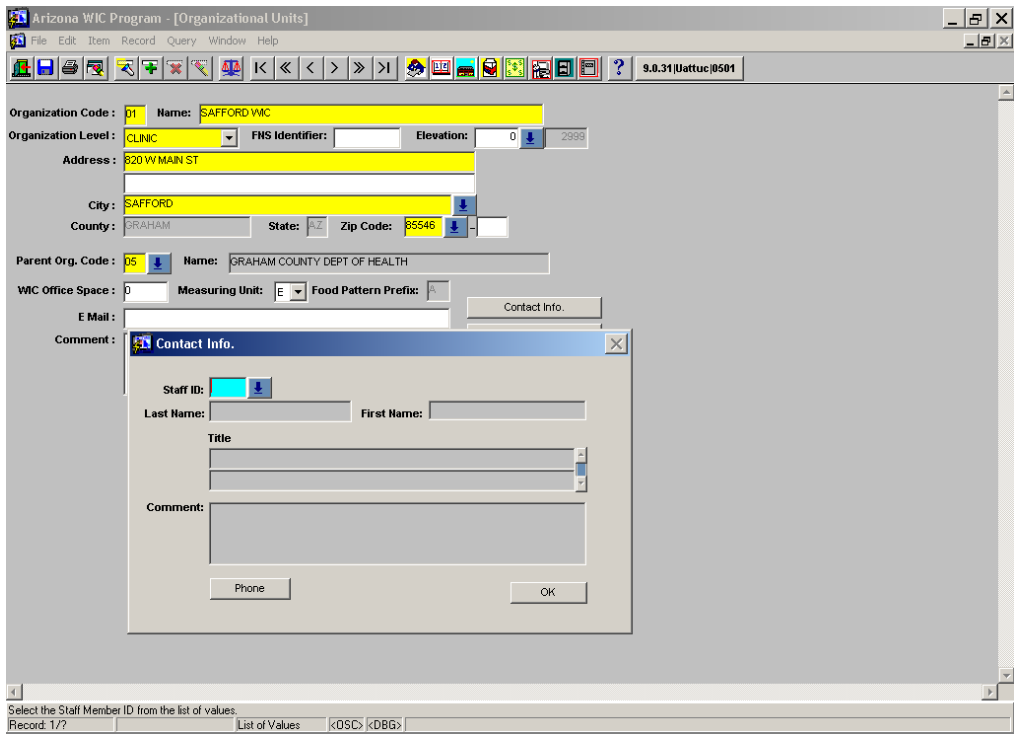
E Mail: [ ]

Comment: [ ]

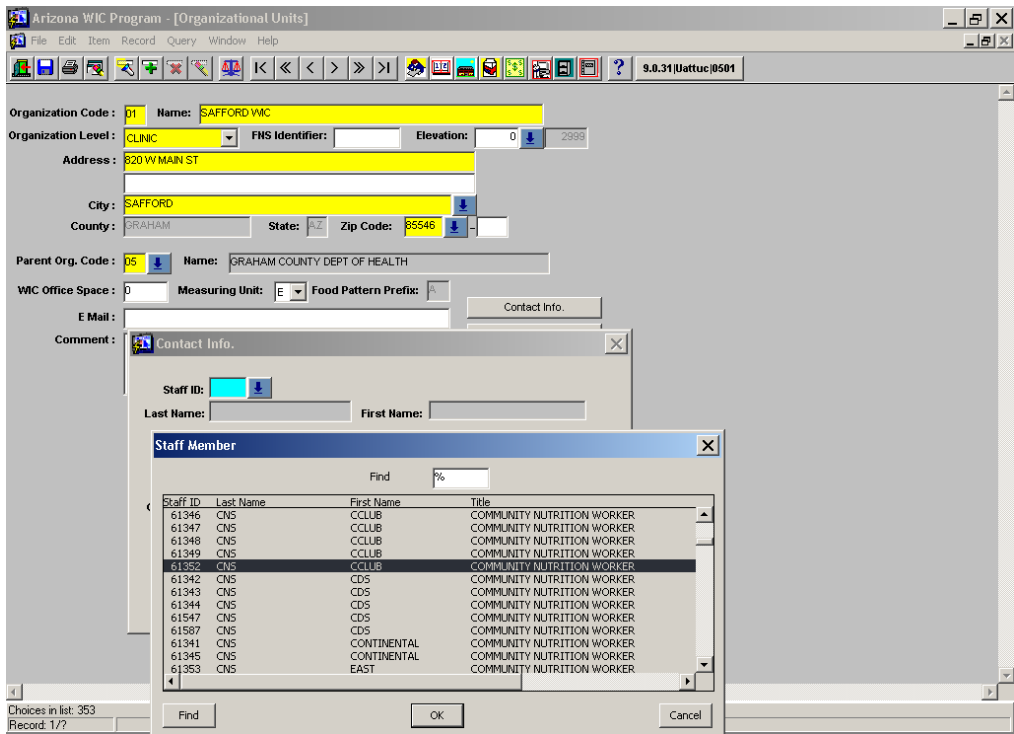
Contact Info:  
Phone  
Program & Outreach Org.  
Next Page

Select the Code of the Parent Organizational Unit from the list of values.  
Record 1/1 List of Values (OSC) (DBU)

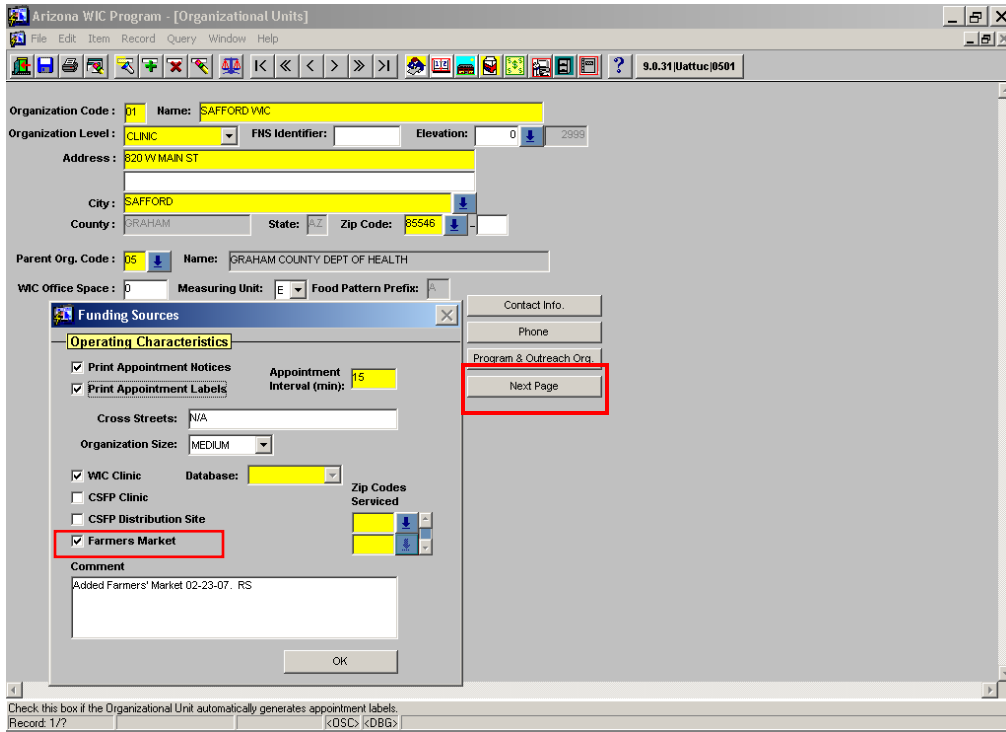
Enter your Local Agency number in the Parent Org. Code field and click on the Query icon to bring up clinic data.



Contact Info is required



Select the appropriate Staff person from the drop down list.



Click on the Next Page push button and the Funding Sources screen opens.

Check Farmer's Market for clinics that will be issuing coupons. If the Farmer's Market box is checked and the clinic is not going to issue coupons, remove the check mark. Save the screen.