

**Arizona Farmers' Market  
Nutrition FMNP**

**Local Agency  
Manual**

**Revised March 2015**



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## Arizona Farmers' Market Nutrition Program (FMNP) Overview

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

AZ FMNP Manager  
150 N. 18<sup>th</sup> Ave., Ste. 310  
Phoenix, AZ 85007  
(602) 542-1886

Nutrition and Training Services Office Chief  
150 N. 18<sup>th</sup> Ave., Ste. 310  
Phoenix, AZ 85007  
(602) 542-1886

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**USDA Regulations** 7 CFR Part 248 WIC Farmers' Market Nutrition FMNP  
7 CFR Part 249 Senior Farmers' Market Nutrition FMNP

**Federal Regulations, FMNP Information, Policies and other Grant Information for each FMNP may be found on the USDA FNS Website ([www.fns.usda.gov/fmnp](http://www.fns.usda.gov/fmnp)).**

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**FMNP Description** Arizona's FMNP is designed to increase awareness of and sales at farmers' markets and increase fruit and vegetable consumption in women, children and seniors with low income. The FMNP provides fruit and vegetable benefits to women and children participating in the Special Supplemental Nutrition for Women, Infants, and Children (WIC) and to seniors who participate in the Commodity Supplemental Food Program (CSFP). The Arizona FMNP is made up of two distinctly funded FMNPs: WIC FMNP and Senior FMNP (SFMNP).

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**FMNP Funding and Operation** WIC FMNP funding was approved by Congress in 1992, while the SFMNP is funded through the Farm Bill. Both WIC FMNP and SFMNP are operated through a Federal/State partnership in which the United States Department of Agriculture (USDA), Food and Nutrition Services provides cash grants to State Agencies. The State Agencies administer the FMNPs. As a prerequisite to receiving these funds, each State Agency must submit an annual State Plan describing how the State Agency intends to implement, operate and administer all aspects of the FMNP within its jurisdiction. The State Agency that administers WIC FMNP and SFMNP in Arizona is the Arizona Department of Health Services (ADHS).

Once a year, eligible WIC participants are issued FMNP checks in addition to their regular WIC benefits. Eligible Senior participants are issued FMNP checks in addition to their regular CSFP food boxes. The checks are used to buy eligible foods from Approved Growers at farmers' markets that have been approved by the ADHS to accept FMNP checks. The Approved Growers then submit the redeemed FMNP checks to the bank for reimbursement.

Congress provides funds for WIC FMNP each year. Federal funds support 100 percent of the FMNP's food costs and 70 percent of the administrative costs necessary to operate the FMNP. ADHS must match the Federal administrative funds allocated by contributing at least 30 percent of the FMNP's total administrative cost. The matching funds can come from a variety of sources, such as state and local funds, private funds, similar FMNPs, and FMNP income.

SFMNP funding is awarded to State Agencies by USDA through a Farm Bill Appropriation. The majority of the grant funds must be used for foods that are provided under the SFMNP; State Agencies may use up to 10 percent of their grants for FMNP administration costs.

**Federal Regulations, FMNP Information, Policies and other Grant Information for each FMNP may be found on the USDA FNS Website ([www.fns.usda.gov/fmnp](http://www.fns.usda.gov/fmnp)).**

## Section A Local Agency Selection

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**Policy** Local WIC and CSFP Agencies must be authorized by the State Agency to issue WIC FMNP and/or Senior FMNP checks to participants.

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**Eligibility** Local Agencies are selected based on access to FMNP Approved Farmers' Markets in the service area, ability of Local Agency (LA) to issue FMNP and provide required education and information, previous FMNP Issuance and Redemption Data (if applicable) and availability of funding.

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**Planning** The State Agency submits a WIC FMNP State Plan and a Senior FMNP State Plan to USDA each year on or near November 15 (due date determined by USDA). The State Plan lists the number of participating Local Agencies and the total number of participants to be issued FMNP checks state-wide.

Local Agencies are selected to issue WIC FMNP and/or Senior FMNP based on an assessment conducted by the State Agency with assistance from Local Agencies and farmers' markets. The following indicators are used in the assessment:

- Location of farmers' markets
- Number of participating Approved Growers at each market
- Location of LA clinics
- Eligible caseload of each LA/clinic
- Previous issuance and redemption data by each clinic (if applicable).

After the submission of the State Plan and before funding is received, a distribution plan is created by the State Agency using information determined by the assessment and input from Local Agencies. The distribution plan details exactly how many WIC FMNP and/or Senior FMNP checks will be issued by each LA and assigns a unique series of check numbers. Dependent upon State Plan approval and funding availability, the Distribution Plan is finalized between December and February. Local Agencies are given an opportunity to provide input and feedback via written and telephone correspondence and at scheduled WIC and CSFP meetings.

The State Agency enters the check numbers into the Health and Nutrition Delivery System (HANDS) computer application after it receives funding notification from USDA. Then the State Agency notifies participating Local Agencies via email that they may begin issuance of WIC FMNP and/or Senior FMNP checks. **Note: WIC FMNP and Senior FMNP funding sources are different. Therefore, timing of**

issuance may differ. The State Agency will make checks available for each FMNP contingent upon its funding. Local Agencies will be notified as to the availability of checks for each FMNP specifically.

**Clinic Selection**

After the LA receives notification that WIC FMNP or Senior FMNP checks are available for issuance in HANDS, the LA will select the clinics from which the checks will be issued and enter these selections in HANDS. See **Appendix A: Selection of Clinics for FMNP Issuance in HANDS** for details.

The LA also has the option to assign a specific number of FMNP checks to the select clinics. See **Appendix B: FMNP Check Inventory Distribution Among Clinics.** If the LA chooses not to assign a specific number of checks to each clinic, the total inventory of FMNP checks will be available on a first come, first serve basis until the total check inventory has been exhausted.

**General Timeline**

Month/Date	Event/Deadline
October 1	New federal fiscal year begins
October 15 <sup>th</sup>	September/Final FMNP CER's due to ADHS for previous fiscal year
October 31 <sup>st</sup>	Last day for clients to redeem FMNP coupons
November 15 <sup>th</sup>	ADHS submits State Plan to USDA
November 30 <sup>th</sup>	Last day for Approved Growers to deposit FMNP coupons to their financial institution
December	LA and ADHS will review Issued and Redeemed reports and begin discussions regarding FMNP caseload for current federal fiscal year (upcoming FMNP season)
January	FMNP caseload for current federal fiscal year (upcoming FMNP season) is determined. LA receive notification that FMNP coupons are available for issuance in HANDS, LA will set up clinics in computer system
February	The list of Markets is updated by ADHS and posted on the web. ADHS and LA will prepare for coupon issuance (promotional/educational materials made available)
March	Begin issuance of FMNP coupons, promotion of markets and nutrition education
April	Continue issuance, promotion and nutrition education
April 15 <sup>th</sup>	March FMNP CER is due
May	Continue issuance, promotion and nutrition education
May 15 <sup>th</sup>	April FMNP CER is due
June	Continue issuance, promotion and nutrition education
June 15 <sup>th</sup>	May FMNP CER is due

July	Continue issuance, promotion and nutrition education
July 15 <sup>th</sup>	June FMNP CER is due
August	Continue issuance, promotion and nutrition education
August 15 <sup>th</sup>	July FMNP CER is due
September	Continue issuance, promotion and nutrition education
September 15 <sup>th</sup>	August FMNP CER is due
September 30 <sup>th</sup>	Last day to issue FMNP coupons

For a visual of this timeline, see [Appendix C: FMNP Timeline for Local Agencies](#).

## Section B Check Issuance

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### Policy

Arizona FMNP checks may only be issued by contracted Local Agencies to women and children who are currently participating in the WIC FMNP and also to senior adults who participate in the SFMNP. 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

Local Agencies will screen and certify participants using the HANDS computer application.

FMNP checks may be issued to:

- Pregnant women.
- Breastfeeding women.
- Postpartum women.
- Children 1-4 years of age.
- Seniors (age 60 and over) 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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**Benefit Level** Each eligible FMNP participant will receive \$30 in benefits per fiscal year, contingent upon availability. A household will 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. All benefits must be issued by September 30.

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**Local Agency Procedure** Local Agencies will access the HANDS system and adhere to the following procedures when distributing FMNP Checks:

- LA staff shall issue FMNP Checks to qualified and interested participants using the HANDS data system. See **Appendix D: Issuing and Printing FMNP Checks in HANDS** for complete details and instructions.
- LA shall explain participant rights and responsibilities.
- Senior participants sign the SFMNP Participant Acknowledgement Form. See **Appendix E: SFMNP Participant Acknowledgement Form**.
- WIC Participants sign the Participant Rights and Obligations for WIC during certification, which meets this requirement; no separate acknowledgment form is required.

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**FMNP Instruction** Local Agencies will provide FMNP participants with instructions on the proper use and redemption of FMNP checks, which shall include:

- A Participant Guide. The most up to date guide is posted at [www.azwic.gov/farmers-market.htm](http://www.azwic.gov/farmers-market.htm)
- A written list of Approved Farmers' Markets in the area. Current lists are posted at [www.azwic.gov/farmers-market.htm](http://www.azwic.gov/farmers-market.htm)
- 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 identification to the market and sign checks only when used at the Farmers' Market and not before
- Complaint procedures
- Nutrition education, as indicated below

## Section C Nutrition Education

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### Nutrition Education

Local Agencies will provide each FMNP participant with nutrition education that is culturally appropriate and relevant to the use and nutritional value of foods available through the FMNP. 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.
- Health benefits of fresh fruits and vegetables.
- Physical activities associated with visiting the farmers' market and gardening.

Free nutrition education materials are available to local WIC and CSFP agencies through the Arizona Nutrition Network website. The Arizona Nutrition Network (AzNN) is a public and private partnership led by the Arizona Department of Health Services Bureau of Nutrition and Physical Activity. Through an interagency agreement with the Department of Economic Security Family Assistance Administration, AzNN provides common nutrition messages to persons who participate in or whose income falls within the eligible guidelines for the Supplemental Nutrition Assistance (SNAP), formerly Food Stamps.

Free nutrition education materials are available to WIC and CSFP agencies at [www.eatwellbewell.org](http://www.eatwellbewell.org).

Local Agencies are highly encouraged to partner with area Approved Growers and market managers to promote farmers' markets and provide nutrition education materials for participants. Local Agencies may order nutrition education materials for Approved Growers and market managers to distribute at the farmers' markets.

To create an account:

- Go to [www.eatwellbewell.org](http://www.eatwellbewell.org).
- Select the green "Contractors" box at the bottom of the home page.
- Select the "Activate Your Account" link and complete the Request Form.
- Requester will receive an email with a password when the Account is approved.

To order materials:

- Go to [www.eatwellbewell.org](http://www.eatwellbewell.org).
- Select the green “Contractors” box at the bottom of the home page.
- Select the yellow “Order Materials” link.
- Log in, using your password.
- Order nutrition education materials.
- You will receive an email confirming that your order was received.
- You will receive an email confirming that your order has been shipped.

**Documentation** Local Agencies must document farmers’ market related education provided to WIC participants in the “I” section of the clients’ TGIF Note in HANDS.

The screenshot shows the HANDS system interface. On the left, there is a sidebar with client information: LA/Clinic (GLOBE WIC), Family ID (149965807), Auth. Rep. Name (EYES, CRAZY), Phone ((555) 867-5309), Client ID (1171401455), Client Name (EYES, BROWN), Date of Birth (8/25/2012), Age (2 yrs, 3 mos), Cert. Period (9/9/2014 - 10/8/2015), and Category (C2). The main area shows a client dropdown menu with '1171401455: EYES,BROWN' selected and a Note Type dropdown menu with 'TGIF' selected. The note text is: 'T: COLORS-ORANGE IS A BRIGHT COLOR AND HE IS EXPLORING NEW FOODS. G: MOM WILL TRY BUYING ONE NEW FRUIT/VEGETABLE AT THE FARMERS MARKET TO CHILD TO TRY. SHE WILL TAKE CHILDREN WITH HER TO PICK NEW FOODS. I: CHILD IS GROWING WELL. NO ISSUES WITH HEALTH. NOT TAKING MULTI (425.8). DISCUSSED TODDLERS NEED FOR INDEPENDENCE/PICKY EATING. SUGGESTED TAKI CHILDREN TO FARMERS MARKET TO PICK A NEW FRUIT/VEG TO TRY. PROVIDED HARVEST CALENDAR, FM CHECKS, INFORMATION AND RESOURCES. F: CHECK TO SEE IF MOM VISITED FM.'

For CSFP participants, a note can also be documented as a CSFP Note in HANDS. The note should indicate what farmers’ market related nutrition education message was provided.

The screenshot shows the HANDS system interface. At the top, there is a navigation bar with 'DWILSONT Log Off' and '10 - PIMA COUNTY HEALTH DEPT / 15 - ABRAM'. Below the navigation bar, there are tabs for 'Home', 'Sys Admin', 'Ops Mgmt', 'WIC Services', 'CSFP Services', 'Scheduling', 'Farmers' Market', 'Finance', and 'Ver'. The main area shows a client dropdown menu with '15101407100: GARCIA,ANITA' selected and a Note Type dropdown menu with 'CSFP' selected. The note text is: 'Provided farmers market checks, information and resources today. Discussed produce that is in season, provided a harvest calendar and a recipe for squash.'

## Section D Check Security

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**Policy** Each LA will ensure that the Arizona FMNP check stock is received, stored, and distributed securely.

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**Procedures** Each LA shall store check paper stock in a secure location as outlined in Chapter 5 of the WIC Policy and Procedures Manual (found at [http://azdhs.gov/azwic/documents/local\\_agencies/policy-manual/chapter\\_05\\_food\\_instrument\\_issuance\\_and\\_accountability.pdf](http://azdhs.gov/azwic/documents/local_agencies/policy-manual/chapter_05_food_instrument_issuance_and_accountability.pdf)). The LA must have a written procedure that states clearly who is responsible for ordering, inventorying and securing check paper stock.

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**Lost or Stolen 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 Lost/Stolen FMNP Check Report. See **Appendix F: Lost/Stolen FMNP Check Report** and submit to the AZ FMNP Manager. A copy of the Report must be kept on file at the LA for a period of three and one-half (3 ½) years.

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**Returned Checks** If FMNP checks are returned by a client who does not intend to use them and the checks are not expired, staff should document this in HANDS, write void on the checks, store them to be reconciled by the clinic supervisor, and then destroyed at the end of the FMNP season. Checks that are returned to the LA unused and expired must be destroyed.

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**Damaged Checks** If client presents with checks that are damaged and still within the valid date range, refer to the Reissuing Checks section below.

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**Reissuing Checks** In the event that there is an error while issuing FMNP checks, the specific check numbers may be reissued in the HANDS system. Reasons for reissuing FMNP checks include the following: checks have been printed but are unreadable, checks failed to print, checks are returned by client unused but damaged. For specific reissuance instructions, see **Appendix G: Reissuance of FMNP Checks in HANDS**.

**Management Evaluations**

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

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**Section E  
Administrative Tasks**

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**Procedure**

Each LA will submit required documentation to the AZ FMNP Manager.

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**Monthly Contractor's Expenditure Report**

To receive payment, the LA shall submit to the ADHS FMNP Manager a monthly Contractor's Expenditure Report (CER). The CER shall be submitted no later than the 15<sup>th</sup> day of the month following issuance of benefits. A CER must be submitted each FMNP month even if no charges are being submitted for payment. FMNP months are determined by receipt of funding. FMNP months typically include March, April, May, June, July, August and September but may be extended if USDA provides funding to the State Agency at an early date. An electronic CER template will be provided for each LA to use. For instructions for completion of CERs, see **Appendix H: Completing CERs for WIC FMNP and SFMNP.**

At this time, Local Agencies should request the data needed for the CER from the State FMNP Manager until the report functionality is made available for Local Agencies in HANDS.

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**Lost/Stolen FMNP Check Report**

The LA shall submit a Lost/Stolen FMNP Check Report (**Appendix F**) any time that FMNP checks issued by that agency are reported lost or stolen. Misprinted and damaged checks may be reissued in HANDS and do not require the completion of a Lost/Stolen Check Report. The completed Report form must be submitted to the FMNP Manager at ADHS.

## Section F Complaints and Civil Rights

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

**Arizona Farmers' Market Complaint Hotline:**

**1-866-229-6561**

**azwiccomplaints@azdhs.gov**

The State or LA 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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**Civil Rights** The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance FMNP, or protected genetic information in employment or in any FMNP or activity conducted or funded by the Department. (Not all prohibited bases will apply to all FMNPs and/or employment activities.)

USDA is an equal opportunity provider and employer.

El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés "USDA") prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un FMNPa de asistencia pública, o información genética protegida de empleo o de cualquier FMNPa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los FMNPs y/o actividades laborales).

El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

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**Civil Rights Complaints** If you wish to file a Civil Rights FMNP complaint of discrimination, complete the USDA FMNP Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to

us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [FMNP.intake@usda.gov](mailto:FMNP.intake@usda.gov)

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

Si desea presentar una queja por discriminación del FMNPa de Derechos Civiles, complete el [USDA FMNP Discrimination Complaint Form](#) (formulario de quejas por discriminación del FMNPa del USDA), que puede encontrar en internet en [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), o en cualquier oficina del USDA, o llame al (866)632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202)690-7442 o por correo electrónico a [FMNP.intake@usda.gov](mailto:FMNP.intake@usda.gov)

## **Appendix A**

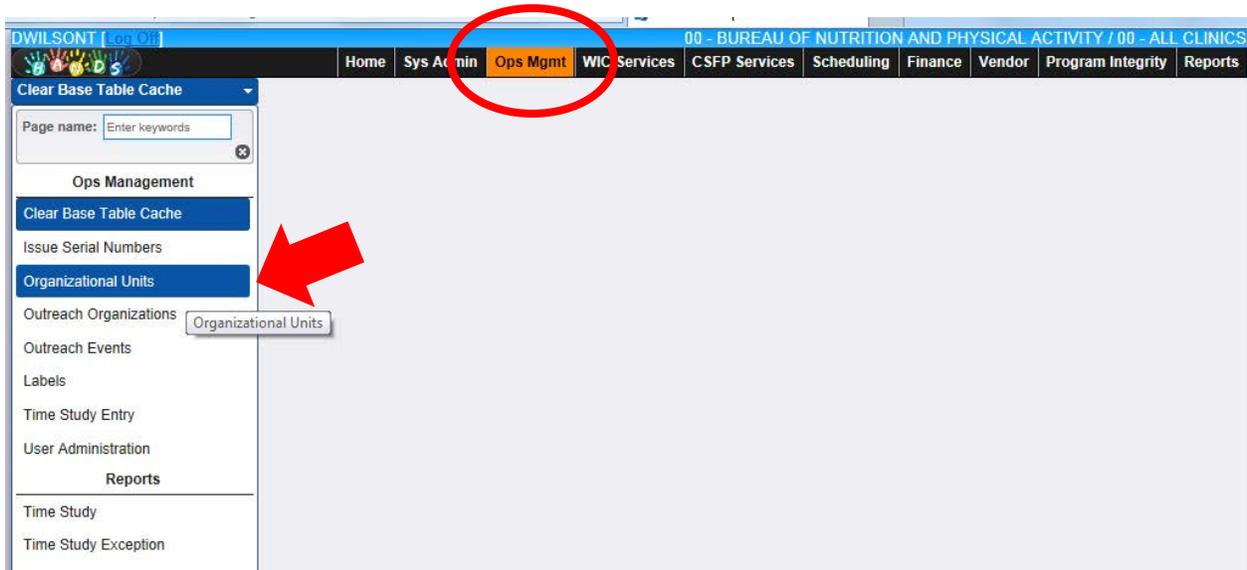
### **Selecting Clinics for FMNP Issuance in HANDS**

## Selecting Clinics for FMNP Issuance in HANDS

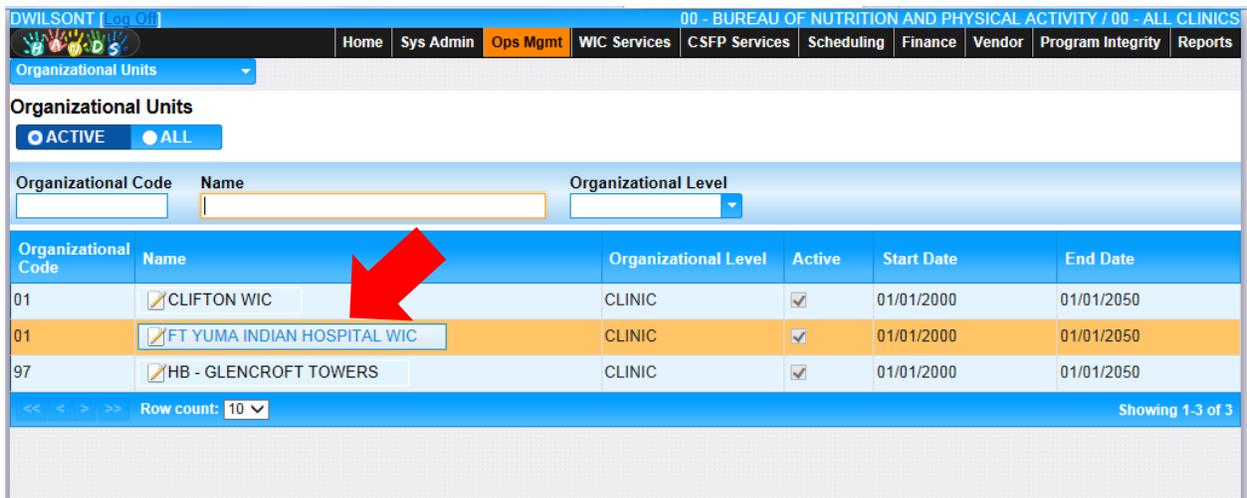
Local Agencies (LA) should issue FMNP coupons only in areas where there is an active, approved, easily accessible farmers' market. Agencies may inquire with the FMNP Manager when making this determination.

The following demonstrates the method for selecting specific clinics in a LA 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 HANDS and select the Operations Management Module. From the Navigation Pick List, select Organizational Units.



A list of clinics in your agency should be listed. Select a clinic from the list that will issue Farmers' Market checks by clicking on the clinic name.



Check the box next to Farmers' Market; add a comment indicating FMNP issuance was added to the clinic, then save.

Back to List

\*Organizational Code: 01  
\*Name: FT YUMA INDIAN HOSPITAL WIC  
\*Organizational Level: CLINIC  
\*Organizational Size: SMALL

\*Parent Org. Code: 17 - COCOPAHA TRIBE WIC PROGR  
Active  
\*Start Date: 01/01/2000  
End Date: 01/01/2050

FNS Identifier: [ ] \*Elevation: 0 to 2999 feet  
WIC Office Space - Square Footage: 0  
Measuring Unit: E

\*Address 1: PO BOX 1368, INDIAN HILL  
Address 2: [ ]  
\*City, State, ZIP Code, and County: YUMA, AZ 85366 YUMA

Email Address: [ ]  
Contact Info. Staff Member: MAXWELL, LEO.

Number	Ext.	Type
(928) 627-2681		WP : WORK PHONE
(800) 862-4911		WP : WORK PHONE
(520) 572-2133		FAX : FAX

Operating Characteristics

Print Appointment Notices | Print Appointment Labels

WIC Clinic | CSFP Clinic | CSFP Distribution Site | **Farmers' Market**

Appointment Interval: 15  
\*Cross Streets: N/A

Comment: Added FMNP issuance ability 3.1.15

Phone Type	Phone Number	Ext.	Priority
WP : WORK PHONE	(760) 572-4129		Primary
FAX : FAX	(760) 572-4230		Other

Program	Comment
ZZ WIC	
CSFP	

\*Serviced ZIP Codes: 662 selected

om/OperationsManagement/OrganizationalUnit/Edit

Print Civil Rights Complaint Form | Save | Reset

Then select, Back to List at the top left of the screen. The list of clinics will appear. Repeat these steps for each clinic that will issue Farmers' Market checks.

## **Appendix B**

### **FMNP Check Inventory Distribution Among Clinics**

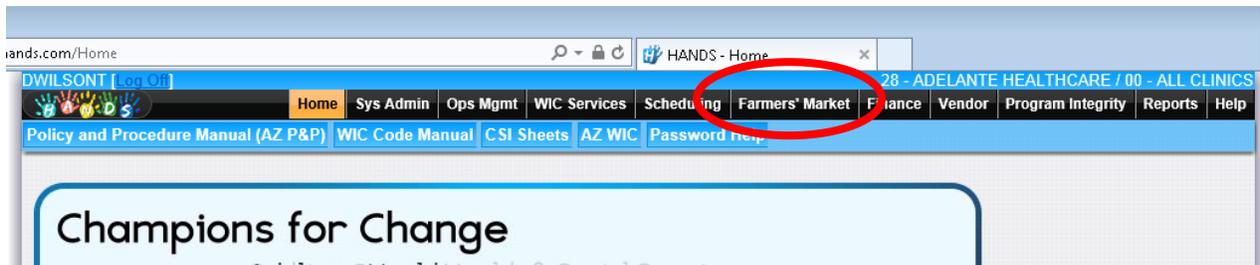
## FMNP Check Inventory Distribution Among Clinics

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.

In HANDS, an optional function exists allowing the LA to assign a specific number of FMNP checks to each designated clinic for the current season. If the LA chooses not to assign a specific number of checks to each designated clinic, the total inventory of FMNP checks will be available on a first come, first serve basis until the total check inventory has been exhausted.

This function may only be performed by Agency Directors or other staff given authority to access and make changes in FMNP module.

Log in to HANDS under agency name and 00. After logging in, click on the Farmers' Market Module to access the Farmer Dashboard on the left. From the Farmer Dashboard, click on the Navigation Pick List to view the drop down menu and select Coupon Inventory.



Search for the current FFY coupon inventory and click on the edit icon. You may have to sort the list by the FFY column to easily find the most current year.

DWILSONT [Log Out] 28 - ADELANTE HEALTHCARE / 00 - ALL CLINICS

Home Sys Admin Ops Mgmt WIC Services Scheduling **Farmers' Market** Finance Vendor Program Integrity Reports Help

Coupon Inventory

Coupon Inventory

Agency ID	Agency Name	FFY	Starting Coupon Number	Ending Coupon Number	Last Coupon Printed	First Date To Use	Last Date To Use	Funding Source	Funding Source Start Date	Funding Source End Date	
141	28-ADELANTE HEALTHCARE	2015	15000000	15009999		3/16/2015	9/30/2015	WIC FM	3/16/2015	9/30/2015	
141	28-ADELANTE HEALTHCARE	2014	14000000	14014999	13999999			WIC FM	3/1/2014	10/31/2014	
141	28-ADELANTE HEALTHCARE	2013	13000000	13001999	12999999			WIC FM	2/1/2013	10/31/2013	
141	28-ADELANTE HEALTHCARE	2012	12000000	12002349	11999999			WIC FM	3/1/2012	10/31/2012	
141	28-ADELANTE HEALTHCARE	2011	11000000	11003149	11003049			WIC FM	3/1/2011	10/31/2011	
141	28-ADELANTE HEALTHCARE	2010	10000000	10009999	9999999			WIC FM	3/1/2010	10/31/2010	
141	28-ADELANTE HEALTHCARE	2009	90000000	90014999				WIC FM	3/1/2009	9/30/2009	
141	28-ADELANTE HEALTHCARE	2008	82004000	82004999				SENIOR FM FEDERAL	8/1/2008	9/30/2008	
141	28-ADELANTE HEALTHCARE	2008	81000000	81001999				SENIOR FM STATE	3/1/2008	9/30/2008	
141	28-ADELANTE HEALTHCARE	2008	80099000	80106999				WIC FM	3/1/2008	9/30/2008	

<< < > >> Row count: 10 Showing 1-10 of 13

sMarket/FMCheckInventory/Edit?couponInventoryId=198 Add

On this screen, notice the Starting Coupon and Ending Coupon Number fields. **Do not update these fields.** This range of coupons identifies the total number of checks (caseload x 10) assigned to your agency. If the local agency desires to specify how many checks can be issued among the assigned FMNP clinics, follow the next steps below.

Click Add new record. A pop-up window will appear. Choose the clinic from the drop down list and enter the number of checks in the allocation amount. The number of checks will be the number of clients to be issued checks multiplied by 10 (because each client received 10 checks). In this example here, entering 2000 for the Phoenix WIC clinic will allocate 200 sets of checks to the clinic.

WILSONT Log Off 00 - BUREAU OF NUTRITION AND PHYSICAL ACTIVITY / 00 - ALL CLINICS

Home Sys Admin Ops Mgmt WIC Services CSFP Services Scheduling Farmers' Market Finance Vendor Program Integrity Reports Help

Back to List

Each Client gets a coupon book of 10 coupons

Agency ID 28 - ADELANTE HEALTHCARE \*FFY 2015

Starting Coupon Number 15000000 \*Ending Coupon Number 15009999 Last Coupon Printed N/A

Funding Source W-WIC FM (3/16/2015 - 9/30/2015) First Date To Use 3/16/2015 Last Date To Use 9/30/2015

Clinic Coupon Inventories

+ Add new record

Clinic Allocation Amount

No data available!

Save Reset

Home Sys Admin Ops Mgmt WIC Services Scheduling Farmers' Market Finance Vendor Program Integrity Reports Help

Back to List

Each Client gets a coupon book of 10 coupons

\*Agency ID 28 - ADELANTE HEALTHCARE \*FFY 2015

\*Starting Coupon Number 15000000 \*Ending Coupon Number 15009999 Last Coupon Printed N/A

\*Funding Source W-WIC FM (3/16/2015 - 9/30/2015) First Date To Use 3/16/2015 Last Date To Use 9/30/2015

Clinic Coupon Inventories

+ Add new record

Clinic Allocation Amount

12 - PHOENIX WIC

2000 x

OK Cancel

Continue this for other clinics in the agency until each check in the total inventory are allocated.

If the Local Agency chooses not to allocate the checks among select clinics, the total coupon inventory will be available to FMNP clinics on a first come, first serve basis.

**Appendix C**  
**FMNP Timeline for Local Agencies**



## **Appendix D**

### **Issuing and Printing FMNP Checks in HANDS**

## Issuing and Printing FMNP Checks (Coupons) in AIM

FMNP checks may be issued from the FMNP Issuance tab in the Food Package screen in the HANDS computer application.

The State Agency assigns each LA a unique series of FMNP serial numbers in HANDS. When printed, serial numbers are assigned to the paper checks in numeric order according to the LA assignment.

Before issuing FMNP checks, the user will follow the regular assessment and certification process with the client, and assign and issue food benefits (if applicable). Then click on the FMNP Issuance tab.

07 - MARICOPA COUNTY DEPT OF PUBLIC HEALTH- WIC ADMINISTRATION / 01 - DOWNTOWN

Home Sys Admin Ops Mgmt WIC Services Scheduling Farmers' Market Finance Vendor Program Integrity Reports

Family Client Income Cert Med Assess Care Plan Fd Pkg Appts Notes

Fd Pkg Issuance Assignment Issuance Formula Replacement Void / Reissue **FMNP Issuance** FMNP Void / Reissue

LA/Clinic  
DOWNTOWN

Family ID  
132913488

Auth. Rep. Name  
MU, MU

Phone  
(602) 555-1212

Client ID 1071037846

Client Name  
PAW, JULY

Date of Birth 6/7/2011 Age 3 yrs, 4 mos

Cert. Period 7/3/2014 - 7/2/2015 Category C3

Term. Date N/A Due Date N/A

LDTU 12/04/2013 Weeks PG N/A

Next Appt. N/A Appr Thru N/A

Issuance Packages

<input type="checkbox"/>	Client ID	Full Name	Issue Month	Pick Up Intervals
<input checked="" type="checkbox"/>	1071037846	PAW, JULY	OCTOBER	TRIMONTHLY

Preview Checks Print Checks

Rights and Obligations Rules and Regulations Education for 2nd Authorized Rep/Proxy

Signatures Save

The user will be directed to the FMNP issuance screen. On this screen, the client's name (as well as other family members' names) will appear. If they are eligible to receive FMNP checks for the current FMNP season, a check box will appear at the far left. If the client is not in a current certification, a red warning message will appear at the top of the screen to indicate this. If the user doesn't want to issue checks to a particular client, uncheck the box on the far left.

If FMNP checks have already been issued for the current FMNP season for a client, the "Checks Already Issued" box will be checked and the user will not be able to issue FMNP checks.

To issue FMNP checks, the Issue Funding Type must be selected. Click the Edit icon at the far right.

Checks Already Issued	Client ID	Full Name	Foster Care	Issue Funding Type
<input checked="" type="checkbox"/>	2010001988	IRIGOYEN, BRANDY	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	1070838803	WATKINS, JODIE, M	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	1070947188	WATKINS, ABRIANNA	<input checked="" type="checkbox"/>	

Preview Checks    Print Checks

We have Coupons Available To Serve 9 Participants using WIC FM FEDERAL funds

NOTE: The foster box will be checked if the child is a foster child.

Notice the number of participants left to serve for this clinic.

A pop-up will appear with the "Funding Type" options. Select the Federal radio button. HANDS will determine, based on client category, whether checks issued are WIC FMNP or Senior FMNP. **NOTE: The State Funding will rarely be used. The State Agency will notify Local Agencies if this changes.**

e

Edit

Issue Funding Type

Federal     State

OK    Cancel

Click "Preview Checks". Preview the FMNP checks before issuance to ensure the name, dates and text on the body of the check is correct. **Note the First Date to Use, which will be the issue date. Note the Last Date to Use, which will be October 31<sup>st</sup> of the current year.**

Click the Print Checks button to print the checks. Each eligible client will receive 10 checks with a value of \$3.00 each.

After checks are issued, a red message will indicate which clients have received the FMNP benefit for the fiscal year. In the example below, only two clients received checks in this family. The third client is still eligible. The coupon inventory message will update after the checks are printed.

DWILSONT [Log Off](#) 01 - APACHE COUNTY HEALTH DEPT / 02 - SPRINGERVILLE WIC

Home Sys Admin Ops Mgmt WIC Services Scheduling **Farmers' Market** Finance Vendor Program Integrity Reports Help

[Return to Client](#)

Client 2010001988 already has exceeded the maximum coupons issued for the current fiscal year  
Client 1070838803 already has exceeded the maximum coupons issued for the current fiscal year

Issuance Packages

<input checked="" type="checkbox"/>	Checks Already Issued	Client ID	Full Name	Foster Care	Issue Funding Type
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2010001988	IRIGOYEN, BRANDY	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1070838803	WATKINS, JODIE,M	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1070947188	WATKINS, ABRIANNA	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[Preview Checks](#) [Print Checks](#)

We have Coupons Available To Serve 7 Participants using WIC FM FEDERAL funds

**All checks must be issued by September 30<sup>th</sup> (the end of the Federal fiscal year). HANDS will not allow issuance of checks after that date. A maximum of three members per household may be issued checks in any one FMNP season.**

## **Appendix E**

### **SFMNP Participant Acknowledgement Form**

**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 Federal Law and Department of Agriculture (USDA) 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

# Programa de Nutrición de Mercado de Agricultores para Personas Mayores (SFMNP)

## Forma de Reconocimiento del Participante

### Alcance del Programa

El SFMNP de Arizona ofrece a las personas mayores elegibles la oportunidad de comprar frutas y verduras frescas, y cosechadas localmente, en los Mercados de Agricultores de Arizona. Los participantes reciben cupones de SFMNP y una Guía para el Cliente con una explicación sobre cómo usar los cupones.

### Derechos y Responsabilidades de los Participantes

Estoy de acuerdo en cumplir con las reglas del Programa de Nutrición del Mercado de Agricultores para Personas Mayores.

Se me ha informado sobre mis derechos y obligaciones bajo el SFMNP. Certifico que la información que he proporcionado para la determinación de mi elegibilidad es correcta, hasta donde yo sé. Esta forma de certificación se presenta en relación con el recibo de ayuda federal. Los administradores del programa podrían verificar la información que aparece en esta forma. Comprendo que el hacer una falsa declaración intencionalmente, una declaración engañosa o tergiversar, esconder o retener información de manera intencional, puede significar que tenga que pagar a la agencia del estado, en efectivo, el valor de los beneficios alimenticios que se me entregaron indebidamente y podría estar sujeto a un proceso civil o criminal bajo las leyes estatal y federal. Es ilegal recibir beneficios de SFMNP de más de una agencia estatal a la vez.

Los estándares para la elegibilidad y participación en el SFMNP son los mismos para todos, sin importar raza, color, origen nacional, edad, discapacidad o sexo.

Entiendo que puedo apelar cualquier decisión tomada por la agencia local en relación con mi elegibilidad para el SFMNP.

---

Nombre Impreso del Participante

---

Firma del Participante

---

Fecha

De acuerdo con la ley federal y las políticas del Departamento de Agricultura de los EE.UU. (USDA, sigla en inglés), se le prohíbe a esta institución que discrimine por razón de raza, color, origen, sexo, edad, o discapacidad.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Adjudicación, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, o llame gratis al (866) 632-9992 (voz). Personas con discapacidad auditiva o del habla pueden contactar con USDA por medio del Servicio Federal de Relevos (Federal Relay Service) al (800) 845-6136 (español) o (800) 877-8339 (inglés). USDA es un proveedor y empleador que ofrece oportunidad igual para todos.

**Appendix F**  
**Lost/Stolen FMNP Check Report**

**Arizona Department of Health Services  
Farmers' Market Nutrition Program**

**Lost/Stolen FMNP Check Report**

The AZ FMNP Checks Were (check one):  Lost  Stolen

Police Report Filed (check one):  Yes  No

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

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

Participant ID # \_\_\_\_\_

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

Check Range:

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

Action Taken with Participant/Referrals Made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by:

\_\_\_\_\_ Date \_\_\_\_\_

Staff Signature

\_\_\_\_\_  
Staff Name

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

## **Appendix G**

### **Reissuing FMNP Checks in HANDS**

## Reissuing FMNP Checks in HANDS

FMNP checks may be voided and reissued from the FMNP Void/Reissue tab in the Food Package screen in HANDS. Reasons for reissuing include only the following:

- **Misprinted Text** – checks are unusable/unreadable when they come out of the printer
- **Printer Failure**—if checks do not print (phantom check)
- **Returned by Client** – if a client brings FMNP checks to the clinic that have not been used, are damaged, and still active, a replacement set of checks may be reissued for the client. You may also use this function if the client signed the checks before going to the farmers’ market and the farmer refused to accept the checks.

The screenshot shows the HANDS software interface. The top navigation bar includes 'Home', 'Sys Admin', 'Ops Mgmt', 'WIC Services', 'Scheduling', 'Farmers' Market', 'Finance', 'Vendor', 'Program Integrity', 'Reports', and 'Help'. Below this is a secondary menu with 'Family', 'Client', 'Income', 'Cert', 'Med', 'Assess', 'Care Plan', 'Fd Pkg', 'Appts', and 'Notes'. The 'Fd Pkg' menu is expanded, showing sub-tabs: 'Assignment', 'Issuance', 'Formula Replacement', 'Void / Reissue', 'FMNP Issuance', and 'FMNP Void / Reissue'. The 'FMNP Void / Reissue' tab is circled in red. The main content area displays a table of 'Food Packages Selected' with columns for 'Food Package ID', 'Description', 'Effective Date', 'End Date', 'Approved Thru', 'Disable', and 'Nutritionist'. A table below shows three food packages with their respective IDs and descriptions. There is also a 'Food Package Search' section with input fields for 'Food Package ID', 'Food Package Description', 'Food Category', 'Food ID', 'Food Description', and 'Food Sub Category'. The interface also includes a sidebar with client information and a bottom status bar showing 'Row count: 10' and 'Showing 1-3 of 3'.

After clicking on the FMNP Void/Reissue tab, the user will be taken to this screen. If FMNP checks were issued to this client, they will appear in the Food Benefit List. Select the checks needing to be voided and reissued. Select Void Reason (Misprinted Text, Replacement, or Phantom).

Then click on the Void/Reissue Selected Checks at the bottom of the screen. A new set of checks will print. FMNP checks are reissued with the same serial numbers as initially issued. The damaged checks should have void written them, stored to be reconciled by the clinic supervisor, and then destroyed at the end of the FMNP season.

The screenshot displays the FMNP Void/Reissue interface. At the top, there is a navigation bar with the following items: Home, Sys Admin, Ops Mgmt, WIC Services, Scheduling, Farmers' Market (highlighted), Finance, Vendor, Program Integrity, Reports, and Help. Below the navigation bar is a 'Return to Client' button. A dropdown menu labeled '\*Reasons' is highlighted with a red box. Below this is a table titled 'Food Benefit List' with columns for 'Coupon Number' and 'Preview Check'. The table contains 10 rows of coupon numbers from 800000000 to 800000009, each with a 'Preview Check' button. At the bottom right of the interface, a button labeled 'Void/Reissue Selected Checks' is highlighted with a red box.

***Never reissue FMNP checks unless the checks fail to print, misprint, or are physically returned (as damaged) to the local agency!!!***

**NOTE:**

When FMNP checks are voided and reissued to a client, this does not affect the total number of clients that a LA may serve. FMNP checks are reissued with the same serial numbers as initially issued.

**FMNP checks cannot be voided without being reissued!** The FMNP Void/Reissue function requires the user to reissue to the same client. FMNP checks that are returned by a client who does not intend to use them should not be Voided and Reissued. Instead, clinic staff should document this in HANDS, write void on the checks, store them to be reconciled by the clinic supervisor, and then destroyed at the end of the FMNP season. Lost or stolen checks should be reported on the Lost/Stolen FMNP Check Report form (Appendix E).

## **Appendix H**

### **Completing CERs for WIC FMNP and Senior FMNP**

## Completing Contractor Expenditure Reports (CERs) for WIC FMNP and Senior FMNP

Each LA participating in the WIC FMNP and/or the Senior FMNP will receive a Contractor Expenditure Report (CER) template at the beginning of each FMNP season. Separate CERs are required for WIC FMNP and Senior FMNP. The CER template is an Excel workbook that contains a tab for each billable month of the FMNP Program Year (typically March – September).

CERs must be completed and submitted for each consecutive month. CERs are due by the 15<sup>th</sup> of the month following services. CERs are based on a fixed price contract and Local Agencies enter the number of units of service provided each month. For WIC FMNP and Senior FMNP, units of service are equal to the number of clients who were issued FMNP benefits in a given month.

To complete the CER, simply enter the number of participants who were issued WIC FMNP or Senior FMNP coupons in the “Number of Units Provided this Reporting Period” (blue) cell. **Contact the FMNP Manager for this data until the reporting functionality is finalized in HANDS.** After this information is entered, print the CER and have the appropriate person sign. Submit the signed CER to the FMNP Coordinator via email or fax to 602-542-1890.

A	B	C	D	E	F
Arizona Department of Health Services Accounting/Contracts 1740 W. Adams Street Phoenix, Arizona 85007	<b>CONTRACTOR'S EXPENDITURE REPORT</b> 1. Contract Number 1234567 P.O. 1234567 2. Contractor Name WIC LOCAL AGENCY 3. Title of Program WIC Farmers' Market Nutrition Program 4. Reporting Period From 03/01/2014 To 03/31/2014			4A. <input type="checkbox"/> Cost Reimbursement - Cumulative Actual Expenditures <input checked="" type="checkbox"/> Fixed Price 4B. <input checked="" type="checkbox"/> Periodic Report <input type="checkbox"/> FINAL REPORT	
<b>Contractor's Detailed Statement of Expenditures and Fixed Price</b>			<b>Invoice #</b>		
<b>5. COST REIMBURSEMENT (Actual Expenditures)</b>		Approved Budget	Prior Report Period Year to Date Expenditures	Current Reporting Period Expenditures	Total Year to Date Expenditures
<b>A. Account Classification:</b>		(a)	(b)	(c)	(d)
Personal Services and ERE					
Professional and Outside Services					
Travel Expenses					
Other Operating					
Capital Outlay					
Other					
Total					
<b>6. FIXED PRICE</b>		Rate per Unit	Number of Units Provided this Reporting Period	Total Funds Earned this Reporting Period	Prior Report Period Year to Date Funds Earned
<b>A. Type of Unit:</b>		(1)	(2)	(3)	(4)
WIC FMNP Check Issuance (Client)		\$1.23		\$ -	\$ -
TOTAL			0	\$ -	\$ -
<b>ADHS USE ONLY</b>		<b>THIS SECTION FOR ADHS ACCOUNTING USE ONLY</b>			<b>7. CONTRACTOR CERTIFICATION</b>
ADHS PROGRAM COORDINATOR CERTIFICATION:		Total Expenditures or total Fixed Price _____ Adj. (if required): _____ Less: Year to date payments _____ Adj. (if required): _____ Net payment due: _____			I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.
<input type="checkbox"/> Performance satisfactory for payment <input type="checkbox"/> Performance unsatisfactory, withhold payment <input type="checkbox"/> No payment due		Index                      PCA                      AY                      Amount			
PROGRAM COORDINATOR SIGNATURE/DATE _____		AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE _____			
<span>Mar 2014</span>   <span>Apr 2014</span>   <span>May 2014</span>   <span>Jun 2014</span>   <span>Jul 2014</span>   <span>Aug 2014</span>   <span>Sep 2014</span>					

Each LA must submit a signed CER for each program month in the CER Template, even if no FMNP checks were issued in a particular month. If no FMNP checks were issued in a particular month, a zero (0) should be entered in the “Number of Units Provided this Reporting Period” (blue) cell.

**The September CER is the final CER for the fiscal year and must be submitted by every LA so that the State Agency may close the Purchase Order.** If the LA issues all assigned WIC FMNP or Senior FMNP checks prior to September, the LA may submit all remaining CERs for the year at that time.