



Local Agency
Handbook
2007

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I. DEFINITIONS

Certified Scale:	A scale certified by the Georgia Department of Agriculture and displays the approved sticker stamped by the Department of Agriculture.
Check Stock:	MICR paper used for printing checks.
Compliance Buy:	A covert on site investigation in which a FMNP representative poses as a FMNP participant and transacts one or more FMNP checks.
Check:	A negotiable financial instrument by which benefits under the FMNP are transferred to recipients.
Eligible Foods:	Fresh nutritious unprepared locally grown fruits and vegetables for human consumption.
Contract Farmer:	Farmers that are in a valid contract certification period.
Farmer:	An individual authorized to sell produce at participating farmers' market.
Farmers' Market:	An association of local farmers who assemble at a defined location for the purpose of selling their produce directly to consumers.
Farm Stand:	A location at which a single individual farmer sells his/her produce directly to consumers.
Food Costs:	The cost of eligible supplemental foods.
GDSFMNP Coordinator:	A point of contact person for each participating district.
Local Agency:	Any senior nonprofit entity or local government agency, which issues SFMNP checks and provides nutrition education and/or information on operation aspects of the SFMNP to SFMNP recipients.
Manual Checks:	Pre-printed checks
Nutrition Education:	Individual or group education sessions and the provision of information and educational materials designed to improve health status, achieve positive change in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individuals personal, cultural, and social economic preferences.

II. INTRODUCTION

The Georgia Senior Farmers' Market Nutrition Program (GSFMNP) provides qualified participants with checks to purchase fresh, Georgia grown fruits and vegetables. Georgia considers produce to be locally grown if it is grown in the State of Georgia or on land not more than twenty-five (25) miles outside the Georgia border. The bank will reimburse the local farmers.

Through this program, approved farmers provide Georgia grown, unprepared fruits and vegetables to qualifying Georgia seniors. This program expands the awareness and use of farmers' markets in addition to increasing the sales at such markets.

Special printed checks are provided on a one-time basis to qualifying seniors. The checks are distributed to participants by the designated senior sites located near the farmers' market. The designated site staff is also responsible for providing the participants with education on using the checks and nutrition education on choosing, storing and preparing fresh produce.

The program begins June 1, 2007 and the checks are valid at all authorized farmers' markets until September 15, 2007.

III. LOCAL AGENCY RESPONSIBILITIES

A. Check Inventory and Accountability

Local agencies will receive a supply of checks from Covansys. The deliveries are to be accepted and signed for by the local authorized staff. GSFMNP checks must be secured and stored using the same procedure as the Voucher Issuance Security policy.

GSFMNP checks are negotiable instruments representing a monetary value and as such should be protected by a local system of internal controls. The following procedures must be observed and will provide minimum controls.

B. Control Over Bulk Storage at Local Agency

A person within the local distribution site, and not otherwise associated with GSFMNP check issuance, should be designated as authorized to accept and sign for bulk supply, and to disburse checks for daily issuance. Bulk storage facilities should consist of a secure, locked storage with access limited to two or three supervisory persons. The Georgia Division of Aging Services, Nutrition and Wellness Program staff, must be notified of any exceptions, which preclude segmentation of duties due to lack of staffing.

Checks withdrawn for daily issuance should be kept to a minimum and at levels, which reflect the anticipated volume of distribution. Several small withdrawals from the bulk supply may be advisable on high volume days and in high-risk areas, or when office facilities are not adequately secure. Checks should be kept out of reach and sight of participants when possible and should never be left unattended.

At the end of each week during the issuance period, the bulk check storage should be inventoried and a copy of the inventory form should be sent to the Division of Aging Services Attn: Gwenyth Johnson. A comparison of beginning inventory, numbers of issued checks and current inventory should be made at this time. If there is a check discrepancy there should be a local investigation of the occurrence and a report filed with the state SFMNP Coordinator in the Division of Aging Services. This procedure should continue until all checks have been issued or the remainder has been returned to the state office. (Attachment 18)

C. Check Shipment

If manual checks are requested, the procedure will be as follows: The authorized person(s) at the Local Agency, upon the initial receipt of check stock, verifies the quantity and serial numbers of the shipment under the supervision of a witness. If discrepancies exist between what is received and what is identified on the packing slip, contact Connie Osborne at Covansys immediately at: 1-800-786-7909, ext.7189. Complete Check Shipment form (Attachment 1) and submit to Division of Aging Services Attn: Gwenyth Johnson, within 5 business days.

D. Control Over Daily Issuance

Specific persons should be authorized to issue checks. Cross-references should be established to ensure that registered participants receive only one food check allotment per Senior FMNP participant season.

E. Lost, Stolen, Damaged and Voided Checks

All lost, stolen, damaged and voided checks must be accounted for by entering the data into the Farmers' Market System database on the day that it occurs.

F. Return of Unused Checks

GFSMNP checks must be issued to clients no later than September 15, 2007. Checks must be redeemed by October 1, 2007. Farmer is required to cash checks by the "must be redeemed by date" listed on check. For redistribution of set of unused checks, contact designated the Division of Aging Services.

G. Participant Eligibility Determination

All participants must be 60 years old or greater as verified by appropriate identification. Participants must have an income of 185% of federal poverty guidelines or less.

H. Evaluation and Surveys

- 8) The designated senior site is responsible for completion of program evaluation forms. Each participant will complete customer program evaluation form by September 31. Each program evaluation form must have the client identification number written in by designated staff person. Client identification number may be obtained from the local agency issuing checks and will be the participants SFMNP identification number. These evaluation forms will be returned to DAS by no later than November 7, 2007. The program evaluation forms will be submitted to Gwenyth Johnson at:

Division of Aging Services
Nutrition and Wellness Programs
Attention: Gwenyth Johnson
2 Peachtree Street, NW, Suite 9-480
Atlanta, GA 30303

I. Management Evaluations

The Division of Aging Services staff will conduct monitoring reviews of all local GFSMNP agencies. The reviews include a review of management, accountability, authorization, nutrition education, financial management systems, and check management systems. The reviews will consist of an on-site review (Attachment 2). Agencies will receive a finding letter, which will detail

suggested improvements.

J. Farmers Market System Computer Help Desk Protocol

If there is a problem with the FMS system software, immediately contact the Covansys Help Desk at 1-800-488-8799, option 4. The help desk will give you a ticket number to track the call. If the issue is not resolved by Covansys, complete a Computer Systems Issues report form (Attachment 11) and submit to Gwenyth Johnson via email gjohnson@dhr.state.ga.us or fax copy to (404) 657-5282.

If the issue is hardware related, please contact the health districts' representative IT to report the problem.

****IV. DESIGNATED AGENCY RESPONSIBILITIES**

- 1) To utilize the Farmers' Market System (FMS) when issuing senior checks according to the procedures in the FMS Local Agency training manual by Covansys.
- 2) To assure completion of the check register.
- 3) Assist in data collection and evaluation.
- 4) To provide training to farmers on the program operation and procedures and discuss the items listed on the Farmer's Training Checklist (Attachment 3).
- 5) To provide an Application (Attachment 4) to each farmer when requested. Submit the completed original signed application, and two (2) original signed agreements and Farmers' Training Checklist (Attachment 3) to the Georgia WIC Branch. For contract farmers provide a Market Site list (Attachment 5) and Training Checklist (Attachment 3) annually.
- 6) Local Agencies and Market Specialist must monitor and complete a Monitoring Form (Attachment 6) for a minimum of one farmer and one farmers' market each year. All new farmers and/or farmers' markets are categorized as high risk and must be monitored in addition to the minimum requirements.

• DISTRICT SENIOR FARMER'S MARKET PROGRAM COORDINATOR (DSFMPC)

RESPONSIBILITIES

- A Senior Farmers' Market Coordinator will be named in each area and will designate the following assignments:
 - 1) Designate Senior Site person responsible for registering participants for Farmer's Market.
 - 2) Perform other duties: (Refer to Inter-agency district agreement for further details of the following)
 - a. Assure registration
 - b. Assure instruction to participants
 - c. Secure farmer and if necessary, assure monitoring of farmers
 - d. Assure nutrition education
 - e. Assure survey completion and return
 - f. Ensure Security of vouchers upon return
 - g. Adhere to complaint and Fair Hearing Procedures (see below VIII)

5) Instructing Clients on Proper Use of Checks

Appropriate staff shall provide materials and educate each participant on the proper use and redemption of the GSFMNP checks including:

- a) A list of the names and addresses of redemption sites.
- b) A description of eligible, Georgia grown fresh fruits and vegetables and the prohibition of receiving change.
- c) Instruction on the right to complain about improper farmers' market practices.
- d) Instruction on where to sign on the front of the check in order to redeem them at the farmers' market.
- e) Instruction on how to recognize a participating farmer by identifying the display sign that each participating farmer is required to post (Attachment 7).
- f) Instruct participants on how to complete the FMNP program evaluation form (Attachment 8)

6) Nutrition Education

The Local Agency or designee will provide nutrition education and document nutrition education. The nutrition education provided will focus on the benefits of purchasing fresh, locally grown fruits and vegetables at farmers' markets, including the seasonality, characteristics, and nutritional value of fresh fruits and vegetables. Education will also highlight the proper selection, use, preservation, and preparation of fresh fruits and vegetables.

Nutrition education may be provided through the use of displays, exhibits, food demos, nutrition education activities, taste testing, handouts and group discussions. The Take Charge of Your Health Campaign message (Take 5 A Day) may also be used to promote fruit and vegetable consumption. A sample lesson plan is included from this campaign (Attachment 9).

7) Senior FMNP Registration Process

A pre registration will be conducted to determine program participants prior to program implementation. A registration form (Attachment 11) shall be completed for each participant and a program identification number will be assigned. The registration form will be collected at each participating senior site. Labels will be made that correspond to each of the registered participant, which are submitted along with the registration forms to designated personnel for check issuance. The designated personnel will issue the check to senior participant and have them sign the Check Issuance Log on site. After the check is issued the designated personnel will enter the registration information into the FMS system and write the participant ID number generated by the system on the registration forms. The a copy of the completed registration forms should be mailed, after having been entered, to the Division of Aging Services Coordinator at the following address:

Gwenyth Johnson
Department of Human Resources
Division of Aging, PDOS
2 Peachtree Street NW, Suite 9-480
Atlanta, Georgia 30303

V. CHECK DISTRIBUTION/ISSUANCE

If checks will not be distributed prior to September 15, 2007, return unused checks immediately for redistribution.

LOCAL Agency

When a senior arrives at a designated site and is determined eligible to receive GSFMNP checks, an authorized staff person will issue the checks. Only seniors 60 years and older are eligible to receive checks. Only ten checks, \$4/each (\$40 total) per eligible individual participant. Local agencies may allow a proxy to pick up GSFMNP checks.

- 1) The authorized staff person issuing the check must adhere to the procedures in the 2007 FMS manual to issue vouchers.
- 2) The participant or proxy will then sign the check register on the designated line.
- 3) The issuing staff person must initial all entries.
- 4) The eligible participant or proxy will then be given ten (10) checks, along with a list of local farmers' markets, nutrition education, and instructions on how to use checks.
- 5) The Local Agency must submit the original check register to the GWB. A copy of the check register must be retained in their files according to the WIC Program retention policies as outlined in the WIC Policy and Procedures manual.
- 6) The Local Agency must batch checks issuance information by the end of the day that the checks are issued. The FMS software will be used to perform the end of day batching. The date and time will be generated on the batch report. The batch log must be stored and labeled in a three-hole binder.
- 7) The last day for the Local Agency to batch for the end of the season is September 30, 2007.

VI. COMPLIANCE TRAINING BUYS

Division of Aging Services staff is permitted to redeem a predetermined number of GSFMNP checks at local farmers' markets. These purchases are called training buys and may be performed by staff to check on the local market redemption procedures in a non-punitive way and to educate farmers of any errors; and to familiarize the staff with the market redemption procedures so that they can instruct clients on how to use checks.

NOTE: Food purchased from training buys will be given to the Local Agency for use in cooking demonstrations.

VII. TRAINING

The Designated WIC Agency will schedule training for all participating partners and/or farmers prior to the opening date of the GSFMNP season. Training to farmers should include the following at a minimum:

- 1) The Purpose of the Georgia WIC/Senior Farmers' Market Nutrition Program
- 2) The Purpose of Farmer Training
- 3) The 3 Year Agreement

- 4) How to Contact Local and State WIC/Senior Representatives
- 5) Eligible Foods List, quality and cost
- 6) Description of Check and Use of Farmer's Stamp
- 7) Procedure for Reimbursement of Checks and Deadline Dates
- 8) Compliance Monitoring and Sanction System
- 9) Complaint procedures
- 10) Fair Hearing procedures
- 11) Receiving Checks from Participants (check redemption)
- 12) Any Changes in Procedures pertaining to or affecting Farmer/Farmers' Market
- 13) Notification of any Site and/or Relocation Changes
- 14) 2007 Senior Farmers' Handbook
- 15) Farmers' Survey
- 16) Non-Discrimination
- 17) Certified Scales
- 18) License

All training must be documented, using the GSFMNP Training Checklist (Attachment 3). The checklist is to be attached to the application and Agreement for submission to the Georgia WIC Branch.

VIII. COMPLAINT AND FAIR HEARING PROCEDURES

District Senior Farmer's Market Program Coordinator (DSFMPC) is responsible for the following:

A. Program Complaints

- 1) A senior participant or farmer may call or write the Local Agency to file a complaint. The Local Agency will complete the Complaint Form (Attachment 10) to document the complaint. All attempts should be made by the DSFMPC to resolve the complaint. The resolution of the complaint should be documented on the complaint form and sent to the Georgia WIC Branch/DAS Nutrition and Wellness when the issue is considered resolved. If the complaint cannot be resolved at the Local Agency it must be submitted to the GWB.
- 2) Action on a complaint will begin within 48 hours from the date the written complaint is received. The process generally depends on the type of complaint. Documentation of all complaints must remain on file in accordance with the FMNP record retention policy.

B. Non-Discrimination Complaints

- 1) All discrimination complaints will be forwarded to USDA.
- 2) In the event a complainant makes verbal allegations and refuses, or is not inclined, to place such allegations in writing, the local agency or market specialist will write up the elements of the complaint for the complainant. Every effort will be made to have the complainant provide the following information:
 - a. Name, address and telephone number of the complainant.
 - b. The specific location and name of the farmers' market, and farmer delivering FMNP services.
 - c. The nature of the incident or action that led to the complaint.
 - d. The basis on which the complainant feels discrimination exists (e.g. race, color, national origin, sex, age or disability).
 - e. The names, titles and addresses of persons who may have knowledge of the discriminatory action.

- f. The date(s) during which the alleged discriminatory action occurred.
- 3) To ensure resolution of complaints during the GSFMNP season, all verbal or written complaints should be filed as soon as possible after the alleged action has occurred but must be filed within 180 days of the alleged discriminatory action.
 - 4) No farmer, participant or local agency will be discouraged from filing a complaint directly with the Secretary of Agriculture or the Director of Civil Rights if he/she feels discrimination has occurred.

United States Department of Agriculture (USDA)
Director, Office of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, DC 20250-9410
Telephone (800) 795-3272 (voice) or (202) 720-6382 (TTY)

C. Fair Hearing Procedures

If a farmer/farmers' market disagrees with an adverse action(s) imposed by the Georgia WIC Branch, a fair hearing may be requested in writing 15 days from the date on the Letter. The Farmer must submit a written request to the State FMNP Coordinator (see contacts section for address). The local agency representative may be asked to attend the hearing.

The farmers/farmers' markets may continue to accept checks until the fair hearing is over and a final decision is reached.

A fair hearing may be requested for the following reasons:

- 1) Denial of application.
- 2) Disqualification for Category II violations.
- 3) Termination for cause.

A fair hearing may **NOT** be requested for the expiration of the agreement.

IX. NON-DISCRIMINATION STATEMENT

The non-discrimination statement will be placed on all written materials for public use. Refer to the current WIC Program Policy and Procedures Manual Rights and Obligation Section for sample statements.

“In accordance with 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, religion, political beliefs, 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 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

CONTACTS

Federation of Southern Cooperatives:

James Scott, Market Specialist
PO Box 3092
Albany, GA 31706
(229) 432-5799
(229) 439-0894 Fax
fscalbany@mindspring.com

Aging Network:

Sudha Reddy MS, RD, LD, Chief Nutritionist
Division of Aging Services
2 Peachtree St NW
Ste. 9-481
Atlanta, Georgia 30303
Office: 404-657-5316
Fax: 404-657-5285
sureddy@dhr.state.ga.us

Gwenyth Johnson RD, LD., Aging Services Coordinator
Division of Aging Services
2 Peachtree St NW
Ste 9-480
Atlanta, GA 30303
Office: 404-657-8779
Fax: 404- 657-5285
gjohnson@dhr.state.ga.us

WHERE TO GET MORE INFORMATION

Contact us at

Division of Aging Services
Nutrition and Wellness Programs
Suite 9-481 or 9-480
Atlanta, Georgia 30303-3142
404-657 5316 or 404-657-8779

“In accordance with 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, religion, political beliefs, 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 (voice) or (202) 720-6382 (TTY).
USDA is an equal opportunity provider and employer.”



GEORGIA SENIOR FARMERS' MARKET NUTRITION PROGRAM

Georgia Department of Human Resources

Division of Aging Services

CHECK SHIPMENT FORM

Local Agency _____ Date _____

Check Range _____ To _____

Number of Booklets _____

Agency Verification (Initials) _____

GEORGIA SENIOR FARMERS' MARKET NUTRITION PROGRAM

Georgia Department of Human Resources

Division of Aging Services

CHECK SHIPMENT FORM

Local Agency _____ Date _____

Check Range _____ To _____

Number of Booklets _____

Agency Verification (Initials) _____

**GEORGIA SENIOR PROGRAM
FARMERS' MARKET NURITION PROGRAM
LOCAL AGENCY REVIEW TOOL
2007**

LOCAL AGENCY: _____

**LOCAL AGENCY
STAFF INTERVIEWED:** _____

STATE STAFF: _____

DATE OF REVIEW: _____

Areas of Review	Yes	No	NA	Comments
A. Agreement, Training and Monitoring				
1. Was training provided to the Local Agency staff on GSFMNP procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Did the Local Agency conduct training for the farmers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Check the forms completed during farmer training. Sign In Sheet <input type="checkbox"/> _____ Checklist <input type="checkbox"/> _____ Farmers Application <input type="checkbox"/> _____ Farmer Agreement <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Did the Local Agency received a sufficient supply of Handbooks <input type="checkbox"/> _____ ID Cards <input type="checkbox"/> _____ Signs <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Has the Local Agency made a monitoring visit of the farmers in their farmers' market(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Was the Monitoring Form sent to the State Office (DAS) within 48 hours of the date of visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Shipment Form				
1. Was a copy of the shipment form returned to the (DAS) upon receipt of checks by the District?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was the Shipment Form verified, signed and dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Was a copy of the shipment returned to the (DAS) upon receipt of checks by the District?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Local Agency Policies				
1. Are staff members at the clinic allowed to issue checks to family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Are written procedures in place to avoid dual issuance? If so, copy must be provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Areas of Review	Yes	No	NA	Comments
D. Participant Abuse				
1. Has the Local Agency received reports of participant abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was the Report Investigated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Was the report sent to the DAS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Checks Inventory				
1. Is a physical inventory done on all checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are any checks missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the physical inventory match the Check Summary Report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Missing & Voided Checks				
1. Has the Local Agency received notice of missing checks from any clinic issuing GSFMNP checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Were any checks lost, stolen or destroyed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If so, was the report sent to the DAS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were lost, stolen and destroyed checks entered as such in the FMS program software?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Was the supervisor/coordinator notified of the missing checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Check Register				
1. Are there any blank lines on the check register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are clerk's initials missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are any dates missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are any participant's signatures missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the check register contain more than one percent "fail to sign" for the entire register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. Does the check register contain more than one percent "fail to sign" for the entire register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Areas of Review	Yes	No	NA	Comments
H. Check Security				
1. During office hours, are checks securely stored or in possession of authorized staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are checks secured in a locked cabinet, closet or safe when not being issued?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are voided checks stored according to procedures until forwarded to the DAS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are checks transported from one site to another? If so, how do you keep track of them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. Farmers' Market Program Computer System				
4. Is an End of Day performed daily? If not, please explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is FMS data entered on the day that checks are issued? If not, why?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J. Nutrition Education				
1. Are educational materials provided in accordance with the State SFMNP Plan that meets the needs of the specified population group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have any nutrition education materials been developed for use with the SFMNP recipients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Was information provided to participants on how to prepare or cook fresh fruits or vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Was information provided to participants on new way to store fresh fruits or vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Were cooking demonstrations conducted for the participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is session conducted in language participant speaks/understands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Attach a copy of Nutrition Education Material provided to participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you provided a copy of the SFMNP Market Sites to the participants? If not, why?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>9. List SFMNP Sites in the District:</p>	<p>1. _____ 8. _____ 2. _____ 9. _____ 3. _____ 10. _____ 4. _____ 11. _____ 5. _____ 12. _____ 6. _____ 13. _____ 7. _____ 14. _____</p>			
<p style="text-align: center;">Areas of Review</p>	<p style="text-align: center;">Yes</p>	<p style="text-align: center;">No</p>	<p style="text-align: center;">NA</p>	<p style="text-align: center;">Comments</p>
<p>K. SFMNP Evaluation</p>				
<p>1. Describe process for getting Surveys back from: Farmers _____ <input type="checkbox"/> Participants _____ <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>L. Complaints</p>				
<p>1. Have you received any FMS complaints? If so, was a complaint form completed and submitted to the DAS?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Is the staff knowledgeable of proper procedures for handling Civil Rights complaints?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>M. Agreement with District</p>				
<p>1. Is there a current written agreement on file between the SFMNP State agency and the local agency?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Are SFMNP services coordinated with any other programs? If so, are there any written agreements?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>N. SFMNP Site Observation</p>				
<p>1. Does the Farmer have signs/posters designating the location as a Senior FMNP Site?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Are prices clearly marked?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3. Are all the products in good quality?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

GEORGIA SENIOR FARMERS' MARKET NUTRITION PROGRAM

Georgia Department of Human Resources
 Division of Aging Service /Division of Public Health

FARMER TRAINING CHECKLIST

Stamp ID #

Race:

Ethnicity:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	Black/African American	Asian	American Indian/Alaskan Native	Hawaiian/Pacific Islander	Yes	No	Hispanic/Latino

YES NO N/A

- | | | | | |
|-----|--|-------|-------|-------|
| 1. | Discussed the purpose of the Georgia Senior Farmers' Market Nutrition Program (See Agreement). | _____ | _____ | _____ |
| 2. | Discussed the purpose of farmer training. | _____ | _____ | _____ |
| 3. | Reviewed and discussed the Farmer Agreement. | _____ | _____ | _____ |
| 4. | Discussed how to contact local and state Senior representatives. | _____ | _____ | _____ |
| 5. | Discussed the eligible foods list, quality and cost. | _____ | _____ | _____ |
| 6. | Discussed description of check and use of farmer's stamp. | _____ | _____ | _____ |
| 7. | Discussed procedure for reimbursement of checks and deadline dates. | _____ | _____ | _____ |
| 8. | Conducted in-depth discussion of compliance monitoring and sanction system. | _____ | _____ | _____ |
| 9. | Discussed complaint procedures. | _____ | _____ | _____ |
| 10. | Discussed fair hearing procedures. | _____ | _____ | _____ |
| 11. | Discussed receiving checks from participants (redemption). | _____ | _____ | _____ |
| 12. | Discussed any changes in procedures pertaining to or affecting the farmer/farmers' market. | _____ | _____ | _____ |
| 13. | Discussed notification of changes of any sites and/or relocation changes during the season. | _____ | _____ | _____ |
| 14. | I have received a copy of the Farmers' Handbook and the contents of this Handbook have been discussed. | _____ | _____ | _____ |
| 15. | Discussed and given a copy of Farmers' Survey. | _____ | _____ | _____ |
| 16. | Discussed Non-Discrimination. | _____ | _____ | _____ |
| 17. | Certified Scales | _____ | _____ | _____ |
| 18. | License | _____ | _____ | _____ |
| 19. | Banking Procedures | _____ | _____ | _____ |

I acknowledge discussion of all items checked "YES" as outlined above

Farmer's/Farmers' Market Signature _____ Date _____

Print Name _____