

**WIC and Senior
Farmers' Market
Nutrition Program
(SFMNP)
Policy & Procedure
Manual**

**NEW JERSEY DEPARTMENT OF HEALTH WIC AND SENIOR
FARMERS' MARKET NUTRITION PROGRAM (S/FMNP)**

Policy and Procedure Number: S/FMNP 001

Effective Date: May 14, 2019

Subject: Automated Clearinghouse - ACH Reimbursement

A. POLICY:

1. The State Agency (SA) shall provide an Authorization Agreement for Direct Deposit (ACH Credits) to each Farmer Vendor that is authorized in the FMNP.
2. Farmers may submit Attachment Authorization Agreement for Direct Deposit (ACH Credits) to the State WIC Office when their bank information changes to ensure the most recent information is on file. Providing the SA with the most up to date bank information will ensure that farmer payments are received in a timely manner.

B. PROCEDURE:

1. Rejected S/FMNP checks and/or CVVs will be submitted to the farmer with institutions information the farmer that an "ACH \$ Credit Will Apply - Void - Do Not Redeposit."
2. The farmer vendor will receive credit weekly.
3. Farmers must complete and submit to the SA an authorization agreement form for direct deposit (ACH) and provide the SA with a voided check showing the account number to which ACH funds will be deposited.
4. A farmer vendor shall not submit cash-value voucher(s) rejected for over the maximum amount to the State for approval.

NEW JERSEY DEPARTMENT OF HEALTH
WIC AND SENIOR FARMERS' MARKET NUTRITION PROGRAM (S/FMNP)

Policy & Procedure Number S & FMNP – 002
Effective Date: May 16, 2019

Subject: Farmer Stamp Issuance

A. POLICY:

The State Agency (SA) shall issue an ID/stamp number to all certified farmer vendors/farmers markets (farmer) enrolled in the WIC Farmers' Market Nutrition Program (FMNP) and Senior Farmers' Market Nutrition Program (SFMNP.)

B. PROCEDURES:

1. Each FMNP certified farmer shall be issued one (1) farmer ID/stamp number which has five (5) numeric characters.
2. A farmer shall utilize only the authorized farmer ID/stamp number on all S/FMNP checks and WIC Cash Value Vouchers (CVVs).
3. A farmer may stamp and redeposit **rejected** S/FMNP checks and/or CVVs that have a farmer ID/stamp number missing.
4. A farmer shall submit a farmer ID/stamp number to the SA for replacement when the stamped numbers appear illegible on the S/FMNP checks.
5. A farmer shall not incur a fee for a stolen or illegible farmer ID/stamp number.
6. A farmer shall be re-issued a replacement farmer ID/stamp number with five (5) new numeric characters for a lost, stolen, or illegible farmer ID/stamp number.
7. A farmer may not utilize the stamp on checks received from another authorized farmer.
8. A farmer that voluntarily withdraws from the S/FMNP or is terminated from SNAP or S/FMNP must submit the farmer ID/stamp to the SA within ten business days.
9. A farmer shall not transfer the stamp to a new farmer upon sale of the farm.
10. The SA shall notify the bank of enrollment or termination of the vendor's stamp number.
11. The SA shall notify the bank immediately of a stolen or lost farmer ID/stamp number.

**NEW JERSEY DEPARTMENT OF HEALTH
WIC AND SENIOR FARMERS' MARKET NUTRITION PROGRAM (S/FMNP)**

**Policy and Procedure Number S & FMNP-003
Effective Date: May 14, 2019**

SUBJECT: Farmer Vendor S/FMNP Checks and/or Cash-Value Voucher Approvals

A. Policy:

The State Agency (SA) shall handle all farmer/farmers' market (farmer) check approvals. When WIC or Senior Farmers' Market Nutrition Market (S/ FMNP) checks, and/or Cash-Value Vouchers (CVVs) are returned by the bank or cannot be deposited in the bank because of an error, the farmer may submit to the State for approval the S/FMNP checks, and/or the CVVs refused.

B. PROCEDURES:

Farmers shall be advised during training. STATE APPROVALS- S/FMNP checks and/or CVVs must be submitted to the State WIC office for approval if:

- The bank misread the "pay exactly" amount and/or valid dates.
- A valid S/FMNP checks and/or CVVs that has been damaged
- A CVV with an illegible pay exact amount due to pen skips or exact write overs only
- S/FMNP checks and/or CVVs that has an illegible stamp number

REDEPOSITS:

A farmer may resubmit S/FMNP checks and/or CVVs to the bank if:

- Missing stamp number
- Post- dated S/FMNP checks and/or CVVs

NO STATE APPROVALS FOR:

- Missing signature
- Stale-dated S/FMNP checks and/or CVVs
- Farmer allowed participant to redeem S/FMNP checks and/or CVVs after the Use-by Date
- Farmer deposits S/FMNP checks and/or CVVs after the Last Date to Deposit
- S/FMNP check(s) and/or CVV(s) with any obvious alterations, except for CVVs with an alteration to the pay exact amount
- S/FMNP checks and/or CVV(s)CVVs with an altered "pay exactly" amount which is missing the signature on the alteration line
- S/FMNP checks and/or CVVs that are older than three(3) months old beyond the First Date to Use

NEW JERSEY DEPARTMENT OF HEALTH
WIC AND SENIOR FARMERS' MARKET NUTRITION PROGRAM (S/FMNP)

Policy & Procedure Number S & FMNP- 004

Effective Date: May14,2019

SUBJECT: Complaints

A. POLICY:

1. The State Agency (SA) shall maintain a system of handling complaints.
2. The Local Agency (LA) shall submit all complaints to the SA within 48-hours.
3. The LA shall provide *S & FMNP 004 A - Farmer and Participant Complaint Form* (complaint form) to anyone seeking to file a complaint. If the complainant chooses not to complete the complaint form, the LA representative must complete the complaint form on the complainant's behalf.
4. The LA shall complete a complaint form on behalf of any complainant that submits complaints in alternate methods, e.g., an anonymous phone complaint.
5. All complaints must be documented on the Farmer and Participant Complaint Form (complaint form) and subsequently logged in the State's electronic complaint log.
6. The SA shall follow-up on all complaints in a timely manner.

A. PROCEDURES:

1. The LA will complete a complaint form for every complaint received and submit it to the SA within 48-hours.
2. All complaints received at the SA will be logged in the Food Delivery Services electronic complaint log and will be identified by the Federal Fiscal Year (FFY) followed by a unique identifying complaint number.
3. The internal SA Food Delivery Services electronic complaint log will capture the following information:
 - a. The name and title of the SA staff who makes the call
 - b. The name and title of the person who is interviewed
 - c. The date(s) and time(s) of the conversation
 - d. Outcome of investigation
 - e. The policy, procedure or practices discussed with the complainant.

4. The SA unit supervisor/manager will assign a SA staff to investigate the complaint along with a due date. The staff to investigate the complaint will communicate with the LA via email to confirm the receipt of the Complaint Report. The SA will provide the LA the assigned complaint number for the Complaint Report submitted.
5. The assigned SA staff must make attempts to conduct follow up with all parties noted on the complaint. Follow up activities may include, but are not limited, telephone communication, email, follow up letter, participant counseling, a onsite agency visit(s), Vendor monitoring, Compliance Buy(s) and /or training.
6. The SA staff must document all investigative activities on the State Agency Complaint Follow up Form.
 - a. The name and title of the SA staff who makes the call
 - b. The name and title of the person who is interviewed
 - c. The date(s) and time(s) of the conversation
 - d. Outcome of investigation
 - e. The policy, procedure or practices discussed with the complainant.
7. The SA staff must reference, reinforce and document the applicable Federal Regulations, programmatic policy, procedures and practices for corrective action and technical support.
8. The SA will determine the follow-up action required and will initiate such action, including, but not limited to, a Vendor monitoring and/ or Compliance Buy investigation, training, sanction levied against the vendor, and referral of the complaint to USDA for a civil rights compliance investigation.

NEW JERSEY DEPARTMENT OF HEALTH
WIC AND SENIOR FARMERS' MARKET NUTRITION PROGRAM (S/FMNP)

**Policy & Procedure Number S/
FMNP--005 Effective Date: May 16, 2019**

SUBJECT: Monitoring S & FMNP Farmers and Farmers Markets

A. POLICY:

The State Agency (SA) shall be responsible to conduct and document monitoring reviews of farmer/farmers' markets throughout the State according to the United States Department of Agriculture (USDA) Regulations. All reviews will be documented on the Farmer Monitoring Form (S & FMNP 005A) or Farmers' Market Monitoring Form (S & FMNP 005B).

B. PROCEDURES:

1. Specific Request:

a. The SA staff will visit farmer/farmers' markets to follow-up on specific problems previously identified; examples include but are not limited to such problems as:

- (1) Insufficient produce,
- (2) Equitable treatment of participants, and
- (3) S/FMNP check(s) and/or CVV(s) cashing procedures.

b. At a minimum the following shall be documented in writing for all on-site farmer/farmers' markets visits:

- (1) Names of both farmer vendor and reviewer,
- (2) Date of visit,
- (3) Reason for visit,
- (4) Nature of problem(s) detected, or
- (5) Observation that the farmer vendor appears to follow the regulations.
- (6) Signature

2. The SA shall rank participating farmer vendors by risk factors, and shall conduct annual on-site monitoring, this includes, but is not limited to:

3. The SA shall also conduct overt monitoring or covert monitoring (Compliance Buys) to reach the above 10%.

- (1) At least ten percent (10%) of farmers,
- (2) At least ten percent (10%) of farmers' markets, and
- (3) At least ten percent (10%) of high-risk farmers/markets.

Attachment: S & FMNP – 005A, 005B, and 005C - Farmer and Farmers' Market Monitoring, and Farmers Market Sponsoring Agency Review Form(s)

New Jersey Department of Health
WIC and Senior Farmers' Market Nutrition Program (S/FMNP)

FARMER MARKET MONITORING FORM

NJ S & FMNP 005B
Effective Date: 05/14/2019

Name and Address of Farmer Market:	Farmer Number:
	Stamp Number:
	County:
Reason for Visit: <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-Up	Date of Visit :
<input type="checkbox"/> New Vendor <input type="checkbox"/> Unannounced (Random)	
<input type="checkbox"/> Volume <input type="checkbox"/> Other:	SNAP ID #
<input type="checkbox"/> Market	

Number growers authorized to accept vouchers in Mkt. _____	_____ out	of _____
Does Market Manager have proof of growers trained for this year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of growers monitored at Market: _____		
Areas for Monitoring	In Compliance	Non-Compliant
WIC Sign Posted		
Display current prices of authorized foods near the foods		
Are the prices reasonably priced		
Minimum Stock (at least 3 self or locally grown produce)		
Identify locally grown produce		
Produce is Fresh		
Clean and Sanitary Conditions		
Do grower accept CVV's		
Variety of produce available (at least 3)		
Describe/Observe FMNP, SFMNP and /or CVV procedures		

Follow-up visit required Yes _____ or No _____ SNAP ID # _____

Name (s) and Title (s) of Farmer Vendor (Print): _____	
Signature: _____	Date: _____
Name of State Agency Reviewer and Title (Print): _____	
Signature _____	Date: _____
Comments:	
Supervisory Review:	
Signature _____	Date: _____
Comments:	

Name of WIC Authorized Farmer operating at Market:	First Year at the Market	Comments
	Yes or No	
	Yes or No	
	Yes or No	
	Yes or No	
	Yes or No	
	Yes or No	

Please attach a copy of Application and Agreement

Authorized Farmers Offered to Participate at Market:	Accept Offer:	Decline Offer:

NEW JERSEY DEPARTMENT OF HEALTH
WIC AND SENIOR FARMERS' MARKET NUTRITION PROGRAM (S/FMNP)

Policy & Procedure Number S/FMNP-006
Effective Date: May 14, 2019

SUBJECT: Farmer Vendor Training

A. POLICY:

WIC Farmer Vendor training shall be scheduled and conducted as follows:

1. When the State Agency (SA) agrees to train a farmer for participation in the WIC FMNP and/or SFMNP, the SA shall conduct a face-to-face interactive training for all farmers who have never previously participated in the program prior to their commencing participation in the WIC FMNP and/or SFMNP.
2. The SA shall also conduct annual training for all currently authorized farmers.

B. PROCEDURES:

Face-to-face Training:

The SA shall contact the farmer to arrange an interactive training session at the farm site to ensure the farmer is not a wholesaler. This training will be conducted at the first year before a farmers starts the program and every 3 years at reauthorization. This training shall include but not limited to:

1. Eligible food choices
2. Purpose and overview of the program
3. Review and complete all necessary documents
4. S/FMNP checks and CVV redemption procedures
5. Equitable treatment of participants
6. Eligible foods, quality and reasonable cost of produce
7. Civil Right compliance and guidelines
8. Storing and safety of S/FMNP checks and CVVs
9. Guidelines for canceling S/FMNP checks

Annual Training:

Annual training entails updating and submitting mailed training documents. At a minimum, this training shall include instruction emphasizing:

1. Eligible food choices
2. Proper S/FMNP check and CVV redemption procedures
3. Equitable treatment of S/FMNP recipients
4. Quality and cost of produce
5. Civil Rights compliance and guidelines
6. Guidelines for storing S/FMNP checks and CVVs
7. Guidelines for canceling S/FMNP checks
8. Requirement for displaying the WIC FMNP and SFMNP poster

**New Jersey Department of Health
WIC Services / FMNP-SFMNP / CSFP
COMPLAINT REPORT**

FOR STATE USE ONLY

Initial Review by _____
Supervisor (Date): _____
Date Assigned: _____
Investigator: _____
Complaint #: _____

**INSTRUCTIONS: Person(s) making the complaint must complete Sections I through IV, retain a copy, and email/fax the original copy to the State Agency.
Follow up action (as determined by the State Agency) must be documented in Section V.**

SECTION I		SECTION II	
Who is making this complaint? <input type="checkbox"/> Participant <input type="checkbox"/> Vendor <input type="checkbox"/> Farmer <input type="checkbox"/> Food Bank <input type="checkbox"/> Agency Staff <input type="checkbox"/> Local Agency		Who is this complaint against? <input type="checkbox"/> Participant <input type="checkbox"/> Vendor <input type="checkbox"/> Farmer <input type="checkbox"/> Food Bank <input type="checkbox"/> Agency Staff <input type="checkbox"/> Local Agency	
Name		Name of Store or Participant	
Street Address		(If Store) Address	
City, State, Zip Code	Telephone No.	(If Participant) ID No.	Name of Local WIC, SFMNP or Food Bank
SECTION III - DETAILS OF COMPLAINT			
Date of Incident	Time of Incident	Physical description of person(s) involved (height, weight, age, race, etc.):	
Description of What Happened (be as detailed as possible) (Attach additional sheet if needed):			
SECTION IV - CERTIFICATION			
<i>I certify that the above information is true and complete to the best of my knowledge.</i>			
Name of Complainant (Type or Print)		Title (if any)	
Signature		Date	
Name of Witness, if Any (State)		Title (if any)	
Signature		Date	
SECTION V - TO BE COMPLETED BY STATE OR LOCAL AGENCY			
(If complaint is anonymous or on behalf of another)	Name of State or Local Agency Staff Person (Type or Print)	Signature	
	Title (if any)	Date	

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(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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NEW JERSEY DEPARTMENT OF HEALTH
WIC AND SENIOR FARMERS' MARKET NUTRITION PROGRAM (S/FMNP)

Policy & Procedure Number S/FMNP-008
Effective Date: May 14, 2019

SUBJECT: Farmer/Farmers' Market Termination, Disqualification, Withdrawal, and Appeal

A. POLICY:

The State Agency (SA) reserves the right to terminate or sanction a Farmer or Farmers' Market when the Farmer or Farmers' Market violates the signed agreement between the State of New Jersey WIC and Senior Farmer Market Nutrition Program and Farmer or Farmers' Market.

The SA shall disqualify a Farmer Vendor when Farmer does not meet the Farmer Vendor Selection Criteria, which includes not being currently disqualified from the Supplemental Nutrition Assistance Program (SNAP).

The Farmer Vendor has the right to withdraw from the New Jersey WIC and Senior Farmer Market Nutrition Program any time.

B. PROCEDURES:

Termination

The SA shall terminate a farmer or farmers' market authorization when one of the following occurs:

- Failure to attending or submitting annual training materials
- Three consecutive non-compliant monitoring visits
- Change of Ownership
- Failure to meet current farmer vendor selection criteria

Disqualification

The SA shall disqualify or not authorize a farmer or prospective farmer or farmers' market if:

- Farmer cannot produce proof of acreage (i.e., 5-acres applicable to farmers only)
- Farmer does not grow at least 7 fruits and vegetables (applicable to farmers only)
- Farmer does not submit any requires documentation per the SA's request
- Violates the signed farmer's or farmers' market agreement

Withdraw

A Farmer may send a letter of intent to withdraw from the S/FMNP to the SA at any time.

Appealing Adverse Actions

The State agency hearing procedure shall at a minimum provide the recipient, local agency or farmer/farmers' market with the following:

1. Written notification of the adverse action, the cause(s) for the action, and the effective date of the action, including the State agency's determination of whether the action shall be postponed under paragraph (b) of this section if it is appealed, and the opportunity for a hearing. Such notification shall be provided within a reasonable timeframe established by the State agency and in advance of the effective date of the action.
2. The opportunity to appeal the action within the time specified by the State agency in its notification of adverse action.
3. Adequate advance notice of the time and place of the hearing to provide all parties involved sufficient time to prepare for the hearing.
4. The opportunity to present its case and at least one opportunity to reschedule the hearing date upon specific request. The State agency may set standards on how many hearing dates can be scheduled, provided that a minimum of two hearing dates is allowed.
5. The opportunity to confront and cross-examine adverse witnesses.
6. The opportunity to be represented by counsel, or in the case of a recipient appeal, by a representative designated by the recipient, if desired.
7. The opportunity to review the case record prior to the hearing.
8. An impartial decision maker, whose decision as to the validity of the State agency's action shall rest solely on the evidence presented at the hearing and the statutory and regulatory provisions governing the FMNP and/or SFMNP. The basis for the decision shall be stated in writing, although it need not amount to a full opinion or contain formal findings of fact and conclusions of law.
9. Written notification of the decision in the appeal, within 60 days from the date of receipt of the request for a hearing by the State agency.

Continuing Responsibilities

Appealing an adverse action does not relieve a farmer/farmers' market permitted to continue in the FMNP while its appeal is pending, from responsibility for continued compliance with the terms of the written agreement or contract with the State agency.

Judicial Review

If a State level decision is rendered against a farmer/farmers' market and the appellant expresses an interest in pursuing a further review of the decision, the State agency shall explain any further State level review of the decision and any available State level rehearing process. If neither is available or both have been exhausted, the State agency shall explain the right to pursue judicial review of the decision.