

Farmers' Market Nutrition Program

A fun experience for the entire family!



Using Your Farmers' Market Checks

- Each check is worth \$10.00.
- You must spend the entire check with one farmer.
- Farmers cannot give back change.
- Checks can only be used to purchase eligible foods from WIC authorized farmers.
- Farmers cannot accept FMNP checks that are torn, damaged or missing a serial number.
- If your purchase costs more than the value of the check, pay the extra amount in cash or another form of payment.

Use your checks by November 30!

Only WIC authorized farmers can accept FMNP checks. Look for the WIC sign posted in the farmer's booth.



Where to Use Your Checks

Use your Farmers' Market checks at any WIC Authorized Farmers' Market. They **cannot** be used at grocery stores.

To find a local WIC authorized farmers' market:

- Ask your WIC local agency for a list.
- Use the free CA WIC app on your smart phone.
- Go to wicfarmers.ca.gov
- Visit MyFamily.WIC.ca.gov

Keep Your Checks Safe

- Treat your checks like cash.
- Lost or stolen checks will not be replaced. Please report lost or stolen checks to your WIC Local Agency.

Buy Fresh. Buy Local.

Can Buy:

- ✓ Fresh Fruits
- ✓ Fresh Vegetables
- ✓ Cut Edible Herbs
(Organic is allowed)

Cannot Buy:

- ✗ Honey
- ✗ Eggs
- ✗ Nuts
- ✗ Flowers
- ✗ Baked Goods
- ✗ Processed Foods
- ✗ Dried Fruits
(including raisins)
- ✗ Plants
- ✗ Meat/Fish

Fruit and Vegetables are great! They...

- Can be eaten anytime.
- Make a healthy snack.
- Are low in calories.
- Are rich in vitamins, minerals, and anti-oxidants.
- Add color, texture, and appeal to every meal.
- Provide fiber to help lower cholesterol, prevent constipation, and control blood sugar.



Questions or Concerns?

If you feel that you have been treated unfairly, you can file a complaint form with the California Department of Health WIC Division.

Visit wicfarmers.ca.gov to access the complaint form.



WIC and Senior Farmer Market Nutrition Program Complaint Form		
Complainant Information		
Today's Date	First Name	Last Name
Street Address	City	State Zip Code
Telephone Number	E-mail Address	
Double click the box that best describes who you are: <input type="checkbox"/> Client <input type="checkbox"/> Client's Parent/Caregiver <input type="checkbox"/> Client's Manager <input type="checkbox"/> Farmer/Vendor <input type="checkbox"/> AAJACC Staff <input type="checkbox"/> Other. Please Explain: _____		
Incident Information		
Date of Incident	Type of Incident	
Location or address of incident		
Who or what is this complaint regarding? Double click the appropriate category listed.		
<input type="checkbox"/> Farmer/Vendor	<input type="checkbox"/> Local WIC Office	<input type="checkbox"/> AAJACC Office <input type="checkbox"/> State WIC or CDPH
<input type="checkbox"/> Other. Please Explain: _____		
Please describe the complaint. Use additional sheets of paper if needed.		
What is the desired outcome of this complaint?		
How to Submit the Form		
By Mail	Complaints Complaints Unit 901 Lawrence Drive Sacramento CA 95834	
By Phone:	(916) 862-8870	
By email:	wic@cdph.ca.gov	



California Department of Public Health, California WIC program

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1-800-852-5770 | MyFamily.WIC.ca.gov

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