



**WIC/SENIOR FARMERS' MARKET NUTRITION PROGRAM
FARMER APPLICATION FORM**

Completion of this application form does not authorize you to accept WIC or Senior FMNP checks. You will be contacted to begin the contractual process following a successful review by the program coordinator.

SECTION 1: APPLICANT INFORMATION

Last Name	First Name	Middle Initial
Mailing Address (Number, Street, P.O. Box)		
City	State	Zip Code
Phone Number	Email Address	Fax Number
Business Name		
Doing Business As		Taxpayer ID# (SSN or FEIN)

SECTION 2: PRODUCE LIST Check each item you plan to grow and sell.

Fresh Vegetables

- | | | | |
|------------------------------------------|-----------------------------------------|--------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Artichokes | <input type="checkbox"/> Corn | <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Scallions |
| <input type="checkbox"/> Asparagus | <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Okra | <input type="checkbox"/> Shallots |
| <input type="checkbox"/> Beans | <input type="checkbox"/> Eggplant | <input type="checkbox"/> Onions | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Beets | <input type="checkbox"/> Fennel | <input type="checkbox"/> Parsley Root | <input type="checkbox"/> Sprouts |
| <input type="checkbox"/> Bok Choi | <input type="checkbox"/> Garlic | <input type="checkbox"/> Parsnip | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Greens | <input type="checkbox"/> Peas | <input type="checkbox"/> Sunchokes |
| <input type="checkbox"/> Brussel Sprouts | <input type="checkbox"/> Herbs (edible) | <input type="checkbox"/> Peppers | <input type="checkbox"/> Swiss Chard |
| <input type="checkbox"/> Cabbage | <input type="checkbox"/> Horseradish | <input type="checkbox"/> Potatoes | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Kale | <input type="checkbox"/> Pumpkins (edible) | <input type="checkbox"/> Turnips |
| <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Kohlrabi | <input type="checkbox"/> Radishes | <input type="checkbox"/> Tomatillos |
| <input type="checkbox"/> Celeriac | <input type="checkbox"/> Leeks | <input type="checkbox"/> Rhubarb | <input type="checkbox"/> Watercress |
| <input type="checkbox"/> Celery | <input type="checkbox"/> Lettuce | <input type="checkbox"/> Rutabagas | <input type="checkbox"/> Zucchini |

Fresh Fruits

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Melons |
| <input type="checkbox"/> Apricots | <input type="checkbox"/> Nectarines |
| <input type="checkbox"/> Berries | <input type="checkbox"/> Peaches |
| <input type="checkbox"/> Cantaloupe | <input type="checkbox"/> Pears |
| <input type="checkbox"/> Cherries | <input type="checkbox"/> Persimmons |
| <input type="checkbox"/> Currants | <input type="checkbox"/> Plums |
| <input type="checkbox"/> Grapes | |

Honey (Seniors Only)

- | | |
|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Comb | <input type="checkbox"/> Kosher |
| <input type="checkbox"/> Cut Comb | <input type="checkbox"/> Wild |
| <input type="checkbox"/> Liquid | <input type="checkbox"/> Organic |
| <input type="checkbox"/> Naturally crystallized | <input type="checkbox"/> Unflavored honey sticks |

Other



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SECTION 3: LOCATION INFORMATION

Place (P) before the Primary County where you will be accepting Farmers' Market Nutrition Program (FMNP) checks. Place an (X) before any additional counties where you expect to accept FMNP checks.

- | | | | | |
|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lee | <input type="checkbox"/> McLean | <input type="checkbox"/> St. Clair |
| <input type="checkbox"/> Boone | <input type="checkbox"/> Jackson | <input type="checkbox"/> Logan | <input type="checkbox"/> Mercer | <input type="checkbox"/> Tazewell |
| <input type="checkbox"/> Bureau | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Macon | <input type="checkbox"/> Morgan | <input type="checkbox"/> Union |
| <input type="checkbox"/> Champaign | <input type="checkbox"/> Jersey | <input type="checkbox"/> Madison | <input type="checkbox"/> Moultrie | <input type="checkbox"/> Vermilion |
| <input type="checkbox"/> Coles | <input type="checkbox"/> Kankakee | <input type="checkbox"/> Marion | <input type="checkbox"/> Peoria | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Kendall | <input type="checkbox"/> McDonough | <input type="checkbox"/> Perry | <input type="checkbox"/> Williamson |
| <input type="checkbox"/> Edgar | <input type="checkbox"/> Knox | <input type="checkbox"/> McHenry | <input type="checkbox"/> Rock Island | <input type="checkbox"/> Woodford |
| | <input type="checkbox"/> Lake | | <input type="checkbox"/> Sangamon | |

SECTION 4: MARKET/ROADSIDE STAND - LOCATION DETAILS

Complete the following information for all Market(s) and/or Roadside Stand(s) you will participate in. Additional sheets can be added if needed.

Primary Location: (the location you are most often at)

- Market Roadside Stand

Name of Market or Roadside Stand _____ Season scheduled to begin (Month/Day): _____

Street Address _____ Season scheduled to end (Month/Day): _____

City _____ State _____ Zip Code _____ County _____

Days and Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM:							
TO:							

Location 2:

- Market Roadside Stand

Name of Market or Roadside Stand _____ Season scheduled to begin (Month/Day): _____

Street Address _____ Season scheduled to end (Month/Day): _____

City _____ State _____ Zip Code _____ County _____

Days and Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM:							
TO:							



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Location 3:

Market Roadside Stand

Name of Market or Roadside Stand _____ Season scheduled to begin (Month/Day): _____

Street Address _____ Season scheduled to end (Month/Day): _____

City _____ State _____ Zip Code _____ County _____

Days and Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM:							
TO:							

Location 4:

Market Roadside Stand

Name of Market or Roadside Stand _____ Season scheduled to begin (Month/Day): _____

Street Address _____ Season scheduled to end (Month/Day): _____

City _____ State _____ Zip Code _____ County _____

Days and Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM:							
TO:							

Location 5:

Market Roadside Stand

Name of Market or Roadside Stand _____ Season scheduled to begin (Month/Day): _____

Street Address _____ Season scheduled to end (Month/Day): _____

City _____ State _____ Zip Code _____ County _____

Days and Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM:							
TO:							



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SECTION 5: CERTIFICATION AND SIGNATURE

1. I have been an authorized Farmers' Market Nutrition Program (FMNP) farmer in the past. Yes No
If yes, please provide your 4-digit Farmer ID number.
2. I am authorized to accept SNAP Yes No
3. I have read the training manual for the Illinois Farmers' Market Nutrition Program (FMNP) and request to be considered for authorization to participate. I am the grower of fresh fruits and/or vegetables which I sell at the markets or roadside stand.
4. I understand I will only be paid for checks accepted in designated counties, for the current season based on the "First Day" and "Last Day" to use dates.
5. I understand that the Illinois Department of Human Services (IDHS) reserves the right to select participating FMNP Farmers.
6. By signing this form I acknowledge that I understand all of the FMNP requirements, and that I must have an executed contract with IDHS before accepting FMNP checks.

Applicant Signature _____

Date _____

Please mail **all 4 pages** of the completed application and Market/Roadside Stand information to:

Illinois Department of Human Services
Bureau of Family Nutrition, Attn.:FMNP
815/823 E. Monroe St.
Springfield, IL 62701

If you have any questions, please call (217)782-2166

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