

**FARMERS MARKET NUTRITION PROGRAM
GROWER REVIEW FORM**

Market: _____ Grower Name: _____ Grower ID: _____

Date of Visit: _____ Time of Visit: _____ Weather: _____

If possible, observe a WIC or Senior FMNP transaction. Record your observations below.

OBSERVATIONS:

1. Is the Grower displaying the new *WIC & Senior Farmers Market Checks Welcome Here* Sign?
YES _____ NO _____
2. Is the Grower selling only eligible foods?
YES _____ NO _____
3. Is the Grower providing the full amount of product for value of the check?
YES _____ NO _____
4. Is the Grower providing fruits and vegetables at the current price (or less) charged to other customers?
YES _____ NO _____
5. Is the Grower providing change to the WIC customer?
YES _____ NO _____

Was not able to observe a WIC/Senior FMNP transaction: _____

QUESTIONS TO ASK GROWER:

1. How does the Grower validate FMNP checks?

2. How often is the Grower cashing FMNP checks?

3. Does the Grower understand the WIC FMNP complaint process for growers and WIC customers?

4. List findings discussed with the Grower and Grower's response:

Other comments: _____

Reviewer (print name & sign): _____ Date: _____