MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
WIC PRODUCE CONNECTION/WIC Cash Value Benefits (CVB)
2026 WIC AUTHORIZED GROWER APPLICATION

Completion of this application does not authorize you to accept WIC PRODUCE CONNECTION/WIC CVB benefits; upon approval you will be contacted to begin the contractual process.

***Instructions**: Thoroughly read, review, and complete this application. Incomplete applications will be returned.*

WIC PRODUCE CONNECTION/WIC CVB AUTHORIZED GROWER INFORMATION:

Complete all WIC PRODUCE CONNECTION/WIC CVB GROWER information.

WIC Grower Name: _____
Last First Middle Initial

Primary Phone Number: _____ Primary E-Mail: _____

BUSINESS INFORMATION:

Please ensure all information is accurate.

The business/owner associated with this Grower is a *(pick one):*

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ 501C3 ☐ Non-Profit

Note: If you're a **Partnership** or **Corporation,** please attach names and addresses of **all** partners/officers.

Legal Business /Owner Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Last 4 digits (ONLY) of the FEIN/Social Security number: __ __ __ __

Check if applicable:

☐ I am an owner, employee, or other authorized member of this business and have been approved to use the Federal ID/Social Security number listed for purposes of the WIC Produce Connection/WIC CVB Programs.

CORRESPONDENCE INFORMATION:

Is there an email address that correspondence should be sent to in addition to the one listed above?
If so, please indicate below.

_____

LOCATION INFORMATION:

*Complete **ALL** information under item #1 below for the selling location you participate in or attend. If you go to more than one location or have multiple locations where you sell, please continue with item #2 again, providing **all** requested information. Additional spaces are provided if needed. **Note:** If more room is needed, please attach another page.*

1. Name of the Selling Location: _____
   Street Address: _____
   City: _____
   County: _____ State: _____ ZIP Code: _____
   This specific location is *(check box that applies):*
   ☐ My Roadside Stand
   ☐ Market I travel to and sell

   Indicate each month this specific location is open for business:

   ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ Year Round

   Beginning and last selling date at this location: _____

   Days/Hours of Operation for this specific location:

   Sunday hours_____ Thursday hours_____
   Monday hours _____ Friday hours_____
   Tuesday hours _____ Saturday hours_____
   Wednesday hours_____

2. Name of **SECOND** selling location: _____
   Street Address: _____
   City: _____
   County: _____ State: _____ ZIP Code: _____
   This specific location is *(check box that applies):*
   ☐ My Roadside Stand
   ☐ Market I travel to and sell

   Indicate each month this specific location is open for business:

   ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ Year Round

   Beginning and last selling date at this location: _____

   Days/Hours of Operation for this specific location:

   Sunday hours_____ Thursday hours_____
   Monday hours _____ Friday hours_____
   Tuesday hours _____ Saturday hours_____
   Wednesday hours_____

LOCATION INFORMATION (continued):

3. Name of **THIRD** selling location: _____
   Street Address: _____
   City: _____
   County: _____ State: _____ ZIP Code: _____
   This specific market is *(check box that applies):*
   ☐ My Roadside Stand
   ☐ Market I travel to and sell

   Indicate each month this specific location is open for business:

   ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ Year Round

   Beginning and last selling date at this location: _____

   Days/Hours of Operation for this specific location:

   Sunday hours_____ Thursday hours_____
   Monday hours _____ Friday hours_____
   Tuesday hours _____ Saturday hours_____
   Wednesday hours_____

4. Name of **FOURTH** selling location: _____
   Street Address: _____
   City: _____
   County: _____ State: _____ ZIP Code: _____
   This specific market is *(check box that applies):*
   ☐ My Roadside Stand
   ☐ Market I travel to and sell

   Indicate each month this specific location is open for business:

   ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ Year Round

   Beginning and last selling date at this location: _____

   Days/Hours of Operation for this specific location:

   Sunday hours_____ Thursday hours_____
   Monday hours _____ Friday hours_____
   Tuesday hours _____ Saturday hours_____
   Wednesday hours_____

QUESTIONS:

1. Do you carry locally grown, eligible fresh, nutritious, unprepared fruits and vegetables?
   ☐ Yes ☐ No

2. Are you a grower of some of the eligible fruits and/or vegetables you sell?

   NOTE: *A grower is defined as an individual or group that has a plot of land or garden, that is wholly or partially dedicated for growing produce.*

   ☐ Yes ☐ No

   Provide a list of items you grow: _____

   _____

   _____

3. Have you ever been disqualified by the U.S.D.A. or by the WIC Produce Connection/WIC CVB programs from participating or any other U.S.D.A. program?
   ☐ Yes ☐ No

4. Do you issue Produce Connection or WIC Benefits? ☐ Yes ☐ No

   If yes, please explain. _____

   _____

I certify the above information is true and correct to the best of my knowledge and belief.

_____

PRINT - Name and Title of the applicant for WIC Produce Connection/WIC CVB Authorized Grower

_____ _____

Signature of the applicant for WIC Produce Connection/WIC CVB Authorized Grower Date

***Optional: How did you hear about WIC Produce Connection/WIC CVB?* _____

PLEASE MAIL COMPLETED APPLICATION TO:

Michigan Department of Health and Human Services
Elliott-Larsen Building – 5th Floor-WIC
Attn: WIC Produce Connection/WIC CVB
320 S. Walnut Street
Lansing, MI 48913
Fax number: 517-335-9206

OR EMAIL APPLICATION TO: **MDHHS-ProduceConnection@michigan.gov**

The WIC Produce Connection/WIC CVB Authorized Grower and anyone who works for them hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1963 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 610 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines; and State Agency directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability be excluded from participation in, be denied the benefits of or otherwise be subjected to discrimination under any program or activity for which the Authorized Grower receives Federal financial assistance from the State Agency; and hereby gives assurance that it will immediately take measures to effectuate this agreement.

This institution is an equal opportunity provider.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

Rev 1/2026