

## Senior Farmers' Market Nutrition Program Site Review

### Section 1 Review Preparation

Identifying Information	
Contracting Entity (CE) Name	CE ID
Site Name	Site Phone Number
Site Physical Address	Site E-mail Address
Review Information	
1.1	Date of Review:
1.2	Name and Title of Reviewer:

### Section 2 Review Topics

Vouchers		Yes	No
2.1	Are undistributed vouchers kept in a secure location?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Were voucher issuance logs completed correctly?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Were vouchers only issued to eligible participants?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Were vouchers received from the CE the same vouchers issued by the certification/distribution site?	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Did participants sign the voucher issuance log when receiving vouchers?	<input type="checkbox"/>	<input type="checkbox"/>

Applications		Yes	No
2.6	Did the eligibility specialist verify the age of the applicants?	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Did applicant apply in person?	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Did the eligibility specialist verify residency in service area?	<input type="checkbox"/>	<input type="checkbox"/>
2.9	If applicant was determined ineligible to participate, was the applicant informed in writing for the reason of ineligibility and the right to a fair hearing?	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Did all participants receive nutrition education?	<input type="checkbox"/>	<input type="checkbox"/>
2.11	Were participants informed of their Rights and Responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
2.12	Did participants receive more than one set of vouchers? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>

### Section 3 Conclusion

Review Conclusion		Yes	No
3.1	Were there any non-compliance issues or other problems discovered during the review? If yes, list below:	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Site Representative

\_\_\_\_\_  
Date