

District of Columbia

Distributor



*Produce
Plus
Program*

HOW TO RECEIVE PRODUCE PLUS PROGRAM BENEFITS

- Find the information booth at your neighborhood farmers' market.
- Present your Program ID, SNAP, WIC, CSFP, SSI, TANF, Medicaid Insurance card, and DC issued ID card. Adults 16 years or older can apply for benefits.
- Sign your name on the register.
- Shop for your favorite fruits and vegetables.
- Tell the farmer you are paying with the Produce Plus Program check.
- Sign the check and give it to the farmer.



ACCEPTABLE FORMS OF IDENTIFICATION

WARNING: SECURITY SCREEN ON FRONT AND BACK. MICROPRINTING FRONT AND BACK. MAGNIFY TO VERIFY ORIGINAL DOCUMENT.

District of Columbia, DOH, DCOA
PRODUCE PLUS PROGRAM

BANK 1-234/567

1004

Pay To The Order Of \$0.00

FM # CHECK NO.

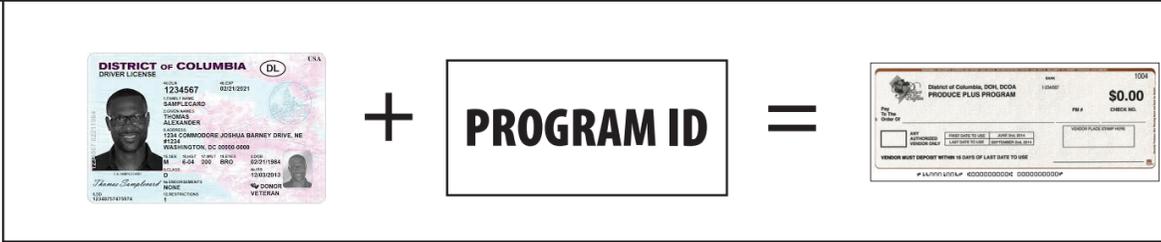
ANY AUTHORIZED VENDOR ONLY

FIRST DATE TO USE JUNE 2nd, 2014
LAST DATE TO USE SEPTEMBER 2nd, 2014

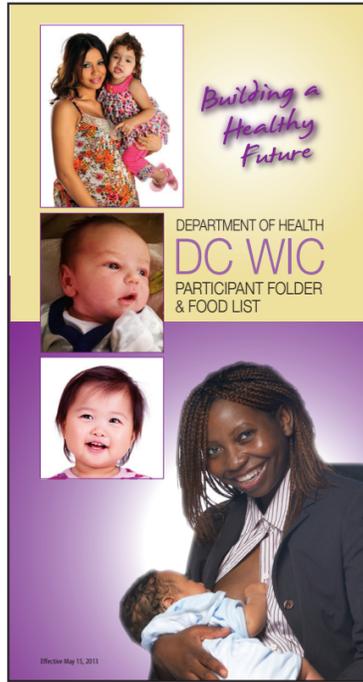
VENDOR PLACE STAMP HERE

VENDOR MUST DEPOSIT WITHIN 15 DAYS OF LAST DATE TO USE

PRODUCE PLUS PROGRAM CHECK



**CAPITAL ACCESS CARD
SNAP and TANF**



DC WIC PARTICIPANT FOLDER

HEALTH SERVICES FOR CHILDREN WITH SPECIAL NEEDS

Jane L. Doe
4567 Main Ave. NW
Washington, DC 20017

MEMBER ID# 70000000
CARRIER / GROUP # A000000
GENDER Female
DATE OF BIRTH 01/23/2009
EFFECTIVE DATE 03/01/2009

CAREMARK

HEALTH SERVICES FOR CHILDREN WITH SPECIAL NEEDS

Commodity Supplemental Food Program

CAPITAL AREA FOOD BANK SENIORS

RECIPIENT NAME

CSFP ID D.O.B.

RECIPIENT SIGNATURE

CSFP IDENTIFICATION CARDS

Commodity Supplemental Food Program

CAPITAL AREA FOOD BANK WOMEN AND CHILDREN

RECIPIENT NAME

CSFP ID D.O.B.

RECIPIENT, PARENT OR GUARDIAN SIGNATURE

OLD VERSION CSFP

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Human Services

Commodity Supplemental Food Program Identification Card

RECIPIENT NAME

DCID NUMBER D.O.B.

SIGNATURE OF RECIPIENT/PARENT/GUARDIAN

CSFP I.D. NO. N° 102457
ISSUE DATE

MANAGED CARE ORGANIZATIONS

- AmerHealthDC
- HSCSN
- MedStar Family Choice
- Trusted Health Plan

Washington, DC Medical Insurance

Sex: Ins. C. Case: DOB:

Name:

The "M" Card: Covering 1 in 4 DC Residents

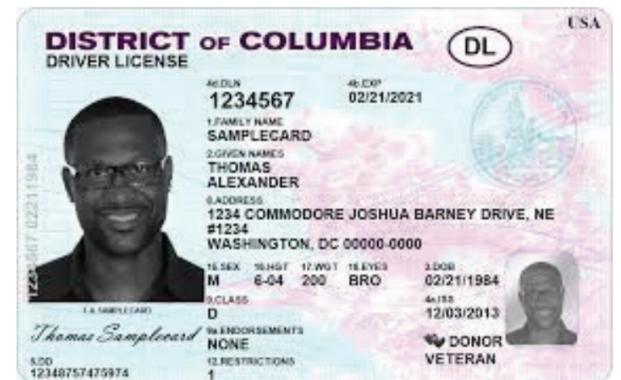
DC MEDICAID MEMBER IDENTIFICATION CARD

DHCF The Government of the District of Columbia
Department of Health Care Finance

Qualified Medicare Beneficiary (QMB)

Name:
DC ID Number:

QMB IDENTIFICATION CARD



DC DRIVERS LICENSE

Produce Plus Program

899 North Capitol Street, NE, Third Floor • Washington, DC 20002 • 202-442-9397