

NEW FSA "RECEIPT FOR SERVICE"

Farmers involved in difficulties or disputes with the Farm Service Agency (FSA) about past program activities have sometimes faced problems with their FSA files not reflecting what the farmers recall regarding their interactions with FSA staff.

In response to repeated concerns from farmers and farm organizations about these documentation problems, Congress included in the 2008 Farm Bill a new provision for a so-named "receipt for service" that farmers may request for any interaction with FSA, the Natural Resources Conservation Service (NRCS), and Rural Development (RD).

These agencies are still developing final internal policies regarding the receipt for service, but an interim form with instructions has been developed and distributed to all FSA offices. A sample of the interim form is provided on the back of this handout.

Receipt Provided Only If Requested by the Farmer

FSA is not automatically required to provide farmers with a receipt for service. It must be requested by the farmer. But FSA must provide the receipt whenever a farmer requests one. If the farmer is present in the FSA office, the receipt must be provided at the time of the farmer's request. If the farmer mails a written request, the receipt must be provided "as soon as possible."

Receipt Must Include Date and Summary of Agency Action

The FSA interim instructions state that the receipt must state the date, place, and subject of the farmer's request and whatever action was "taken, not taken, or recommended" by the agency based on the farmer's request.

If you have any questions about the information in this handout or any other FSA issue,
contact the Minnesota Family Farm Law Project:

St. Cloud

St. Cloud Area Legal Services
320-253-0121
888-360-2889 (toll-free)

Mankato

Southern MN Regional Legal Services
570-387-1211
800-247-2299 (toll-free)

St. Paul

Farmers' Legal Action Group (FLAG)
651-223-5400
877-860-4349 (toll-free)

RECEIPT FOR SERVICE	
Office Name	
County	State
Name of Requestor	
Request Received: <input type="checkbox"/> In Person <input type="checkbox"/> By FAX <input type="checkbox"/> By Mail <input type="checkbox"/> By Phone	Date of Request
Summary of the Service Requested	
Action taken by FSA	
Additional Comments	
Employee Name	Title
Employee Signature	Date
Date Provided to Customer	Receipt Number