

Warren County Department of Human Services
Division of Aging & Disability Services
Wayne Dumont Jr. Administration Building
165 County Route 519 South
Belvidere, New Jersey 07823-1949



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Executive Director

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2018 SENIOR FARMERS MARKET VOUCHER PROGRAM INFORMATION, INSTRUCTIONS AND APPLICATION

PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY.

The Warren County Senior Farmer's Market Program operates under strict Federal Guidelines. We've tried to make it as easy as possible for you to obtain **\$25.00 in Farmer Market Vouchers** so you can begin to enjoy Warren County's delicious fruits and vegetables.

VERIFICATION OF ELIGIBILITY

Vouchers will be provided to eligible Warren County residents who meet **all three requirements and present proof as listed below:**

1. **Be age 60 or older**, and present proof of age such as a **Driver License, Photo ID or Birth Certificate**.
2. **Reside in Warren County**, and present proof of residence such as a **Driver License or any document with your address on it**.
3. **Have an income at or below: Single - \$22,459.00 yearly or \$1,872.00 monthly or Married - \$30,451.00 yearly or \$2,538.00 monthly**

Per the State of New Jersey Self-Certification regarding income is no longer acceptable. Proof of income must be presented in any of the following forms:

- Current Medicaid Card
- Food Stamp/SNAP Card
- 2017 Income Tax Return including your Social Security amounts,
- Annual Social Security Income Award Letter
- Pay Stub, Pension Statement
- **Bank Statements will not be accepted.**

IF YOU ARE UNABLE TO PICK-UP VOUCHER

You must complete and sign the attached proxy form **ONLY** if you are unable to pick-up your vouchers personally. For a proxy to obtain your vouchers for you, he or she must bring to the distribution site a **SIGNED PROXY FORM**, and **ALL OF YOUR VERIFICATIONS** listed (*age, residence, income*) and **THEIR OWN ID**.

ENCLOSED WITH THIS MAILING

- (1) Two (2) page Senior Farmer's Market Nutrition Application Form
- (2) Proxy Form
- (3) Voucher Distribution Locations, dates and times.

IMPORTANT INFORMATION

- (1) **VOUCHERS CANNOT BE MAILED. THEY MUST BE PICKED UP IN PERSON.**
- (2) **DO NOT MAIL** your completed application. **BRING IT WITH YOU** to the Distribution site.
- (3) **BRING** all required verification with you to the Distribution site.
- (4) Vouchers can be obtained from any site listed on the enclosed Voucher Distribution Locations list, but **ONLY ON THE DATES AND TIMES LISTED.**

Beginning Thursday, July 12, subject to availability, vouchers can also be obtained between the hours of 9:00 am to 4:00 pm at:

**Warren County Division of Aging & Disability Services
Wayne Dumont, Jr. Administration Building
Suite 245
165 County Route 519 South
Belvidere, NJ**

Any questions, please call 1-877-222-3737

2018 VOUCHER DISTRIBUTION LOCATIONS

PHILLIPSBURG AREA

Clymer Village 211 Red School Lane Phillipsburg, NJ 08865	Monday, July 2	8:30 am – 10:30 am
Heckman House 525 Fisher Avenue Phillipsburg, NJ 08865	Monday, July 9	9:00 am – 10:30 am
O'Donnell Apartments 235 South Main Street Phillipsburg, NJ 08865	Monday, July 9	11:15 am – 12:15 pm
Andover Kent 638 South Main Street Phillipsburg, NJ 08865	Monday, July 9	1:00 pm – 2:00 pm
Phillipsburg Senior Center 310 Firth Street Phillipsburg, NJ 08865	Wednesday, July 11	10:30 am – 12:30 pm

WASHINGTON AREA

Washington Community Senior Center Faith Discovery Church Community Center 33 Brass Castle Road Washington, NJ 07882	Tuesday, July 10	10:00 am – 12:30 pm
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NORTH WARREN AREA

North Warren Community Senior Center Knowlton Lions Den 505 Route 94 Columbia, NJ 07832	Tuesday, July 3	11:00 am – 12:30 pm
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HACKETTSTOWN AREA

Heritage House 681 Willow Grove Street Hackettstown, NJ 07840	Thursday, July 5	9:00 am – 10:00 am
Hackettstown Community Senior Center 293 Main Street Hackettstown, NJ 07840	Thursday, July 5	10:45 am – 1:00 pm

BELVIDERE AREA

United Presbyterian Church 224 Mansfield Street Belvidere, NJ 07823	Friday, July 6	11:00 am – 12:30 pm
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that I am at least 60 years of age and older, which is the minimum age requirement for participation in the Senior Farmers' Market Nutrition Program.

(1) Date: _____
Month, day, year _____
Signature of participant

(2) Date: _____
Month, day, year _____
Signature of participant

Denied **Approved**

Dated: 07/ /2018 _____
(Month, day) year (signature of local agency representative)

If you believe you are eligible for SFMNP benefits, you have the right to a fair hearing regarding this decision by writing, phoning or visiting the local office no later than 60 days from this notification. The fair hearing will be held at the local office. You may bring a witness, friend or lawyer (all legal fees will be your responsibility). The hearing committee will consist of local officials. They will listen to both sides and give an oral decision. During the hearing, you are permitted to state reasons why you believe you should receive SFMNP benefits. The local staff will state the reasons you were denied. You may request copies of the documents used in determining your case. The hearing will be held at a time that is convenient for you, and you will receive a written notice 10 days before the hearing, reminding you of the date, time and place.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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

(2) Fax: (202 690-7442); or

(3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

2018
SFMNP PROXY FORM
New Jersey Department of Health
Senior Farmers' Market Nutrition Program

Participant Name

Date:

Address:

City, State, Zip:

Telephone Number:

Proxy Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Form of ID presented: _____ Telephone Number _____

A person designated as a proxy must present acceptable personal identification and the participant's completed application, and eligibility documents.

Signature of Participant

Signature of Proxy

***ONE (1) PROXY MAY REPRESENT A MAXIMUM OF THREE (3) ELIGIBLE PARTICIPANTS.**

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

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