

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



**Lakshmi Baskaram**  
*Executive Director*

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## **2019 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**
- **2018 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) 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 Voucher Distribution site.
- (3) **BRING** all required verification with you to the Voucher 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 Tuesday, July 9,** 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**

## 2019 FARMER MARKET VOUCHER DISTRIBUTION LOCATIONS

O'Donnell Apartments 235 South Main St Phillipsburg, NJ	Friday, June 14	1:00 pm - 3:00 pm Immediately following Lunch & Learn
Clymer Village 211 Red School Lane Phillipsburg, NJ 08865	Thursday, June 20	9:00 am - 11 am <b>Von Thun Farms will come during July/August – dates not set yet Look for posters at later date</b>
United Presbyterian Church 224 Mansfield St Belvidere, NJ	Friday, June 21	11:00 am - 12:30 pm
Green Fest & Farmer Market Kickoff Pocket Park East Washington Ave Washington, NJ	Saturday, June 22	10:00 am - 2:00 pm
Andover Kent Apartments 638 South Main St Phillipsburg, NJ	Monday, June 24	1:00 pm - 2:00 pm Immediately following Lunch & Learn
Best Fruit Farms 1 Russling Road (Across from WC Library on Route 46) Hackettstown, NJ	Tuesday, June 25	10:00 am - 12:00 pm <b>Offers 10% Senior Discount Tuesdays</b>
Races Farm 224 Route 94 Columbia, NJ	Wednesday, June 26	10:00 am – 12:00 pm
Hensler Farm Market 369 County Route 519 Belvidere, NJ	Wednesday, June 26	1:00 pm – 3:00 pm
Heritage House 681 Willow Grove St Hackettstown, NJ	Thursday, June 27	8:30 am - 10:00 am
Hackettstown Community Senior Center Thomas Kraft Senior Center 293 Main St Hackettstown, NJ	Thursday, June 27	11:00 am - 1:00 pm
Heckman House 525 Fisher Ave Phillipsburg, NJ	Friday, June 28	1:00 pm – 3:00 pm Immediately following Lunch & Learn <b>Hensler Farms will be there from 12:00 pm to 4:00 pm for you to purchase produce. They will also be there July 29 from 9:00 am to 12:00 pm</b>

<b>North Warren Community Senior Center 505 Route 94 Knowlton Lions Den Columbia, NJ</b>	<b>Monday, July 1</b>	<b>1:00 pm – 12:30 pm</b>
<b>Von Thun Farms 438 Route 57 Washington, NJ</b>	<b>Tuesday, July 2</b>	<b>11:00 am - 1:00 pm</b> <b>Offers 10% Senior Discount Tuesdays</b>
<b>Washington Community Senior Center Faith Discovery Church Hall 33 Brass Castle Road Washington, NJ</b>	<b>Wednesday, July 3</b>	<b>10:00 am - 12:00 pm</b>
<b>Phillipsburg Senior Center 310 Firth St Phillipsburg, N</b>	<b>Friday, July 5</b>	<b>10:00 am - 12:00 pm</b>
<b>Mackey's Orchard 284 County Route 519 Belvidere, NJ</b>	<b>Monday, July 8</b>	<b>11:00 am – 1:00 pm</b>
<b>Wayne Dumont Administration Bldg 165 County Route 519 South Suite 245 Belvidere, NJ</b>	<b>Tuesday, July 9 till supply is exhausted</b>	<b>9:00 am to 4:00 pm</b>

**NEW JERSEY DEPARTMENT OF HEALTH  
SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
APPLICATION FOR ELIGIBILITY**

Office on Aging Site WC Division of Aging & Disability Services    Application Date    06/14/2019

**Name:** Last\_ (1) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Name:** Last\_ (2) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
(Spouse applying for SFMNP Benefits)

Address: \_\_\_\_\_

City \_\_\_\_\_ County: Warren    Zip \_\_\_\_\_

Date of Birth (1) \_\_\_\_\_ Date of Birth (2) \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Check one box:**

- (1) Ethnicity:**  
 Hispanic  
 Non-Hispanic

- (2) Ethnicity**  
 Hispanic  
 Non-Hispanic

**Check one or more boxes:**

- (1) Race:**  
 American Indian or Alaskan Native  
 Native Hawaiian or Pacific Islander  
 Asian  
 Black or African American  
 White

- (2) Race:**  
 American Indian or Alaskan Native  
 Native Hawaiian or Pacific Islander  
 Asian  
 Black or African American  
 White

**Identity and residency proof:**

- Driver License  
 Utility/Phone Bill  
 Birth Certificate

**Income:**

Single \$ \_\_\_\_\_ per year

Married \$ \_\_\_\_\_ per year

**Income proof:**

- Current Income Tax Return  
 Current Pay Stub  
 Social Security Benefit Statement

**Automatically Income Eligibility**

- Food Stamp/SNAP Card  
 Medicaid Card

**\*\* If homeless must provide at least one form of Identity**

Driver License,  Birth Certificate,  Social Security Benefit Statement,  other \_\_\_\_\_

**Rights and Obligations**

1. I certify that I am not enrolled in another County Office on Aging and will not try to enroll in another County Office on Aging while enrolled here or will not obtain SFMNP benefits from another County Office on Aging or another site.
2. I understand that I can be disqualified from the program for failure to comply with the SFMNP obligations and regulations and may result in penalties or in disqualification from the SFMNP for the next year.

By my signature, I also understand that the State and local agencies have the option to verify reported income further, to confirm my income eligibility for the SFMNP.

I certify that by receiving this SFMNP seasonal benefit checks, I acknowledge that I have read SFMNP's income eligibility guidelines. In addition, I acknowledge that my household income falls within the published annual income guidelines for SFMNP.

I certify that I am a resident of New Jersey and a resident of the county of which I am applying for SFMNP benefits.

I further, certify 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.

The local agency will make health and services nutrition available to you, and you are encouraged to participate in these services.

I have been advised of my rights and obligations under the Senior Farmers' Market Nutrition Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted about the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the State Agency, in cash, the value of the food benefits improperly issued to me and may subject me to Civil or Criminal prosecution under State and Federal law. I understand that it is illegal to receive more than one (1) set of SFMNP checks in one (1) calendar year.

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

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

Denied       Approved

Dated:     /     /    \_\_\_\_\_  
 (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 day 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, 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](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](mailto:program.intake@usda.gov).  
This institution is an equal opportunity provider.*

**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: \_\_\_\_\_

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, 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](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](mailto:program.intake@usda.gov).*
- This institution is an equal opportunity provider.*