

**2018 Farmer Market Vouchers (\$25.00)  
are available to Warren County Residents  
60 years of age or older who meet the  
following income guidelines:**

**Single – \$22,459.00 yearly**

**Married - \$30,451.00 yearly**



**Please contact the  
WC Division of Aging and Disability  
Services  
for further information at  
1-877-222-3737 or  
908-475-6591**

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



Toll-Free 877-222-3737  
Telephone: 908-475-6591  
Fax: 908-475-6588

Lakshmi Baskaram  
Executive Director

## 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

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

### WASHINGTON AREA

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

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

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

### BELVIDERE AREA

<b>United Presbyterian Church</b> 224 Mansfield Street Belvidere, NJ 07823	<b>Friday, July 6</b>	<b>11:00 am – 12:30 pm</b>
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2018  
**NEW JERSEY DEPARTMENT OF HEALTH**  
**SENIOR FARMER'S MARKET NUTRITION PROGRAM (SFMNP)**  
**APPLICATION FOR ELIGIBILITY**

Office on Aging Site: **WC Division of Aging and Disability Services**      Application Date: 07/02/2018

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 (Spouse/other individual in the household applying for SFMNP Benefits)

Address:

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

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Check one box:**

**(1) Ethnicity:**      **(2) Ethnicity**  
 Hispanic      Hispanic

Non-Hispanic      Non-Hispanic

**Check one or more boxes:**

<b>(1) Race:</b>	<b>(2) Race:</b>
American Indian or Alaskan Native	American Indian or Alaskan Native
Native Hawaiian or Pacific Islander	Native Hawaiian or Pacific Islander
Asian	Asian
Black or African American	Black or African American
White	White

**Identity and residency proof:**

Driver License/Sr ID  
 Utility/Phone Bill  
 Birth Certificate

**Income:**      (\$22,311.00)  
 Single \$ \_\_\_\_\_ per year  
    (\$30,044.00)  
 Married \$ \_\_\_\_\_ per year

**Income proof:**

Current Income Tax Return  
 Social Security Statement  
 Food Stamp/SNAP Verification  
 Medicaid Card  
 Other: \_\_\_\_\_

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 in connection with 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. 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, in order to confirm my income eligibility for the SFMNP. I further, certify that



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, 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.*