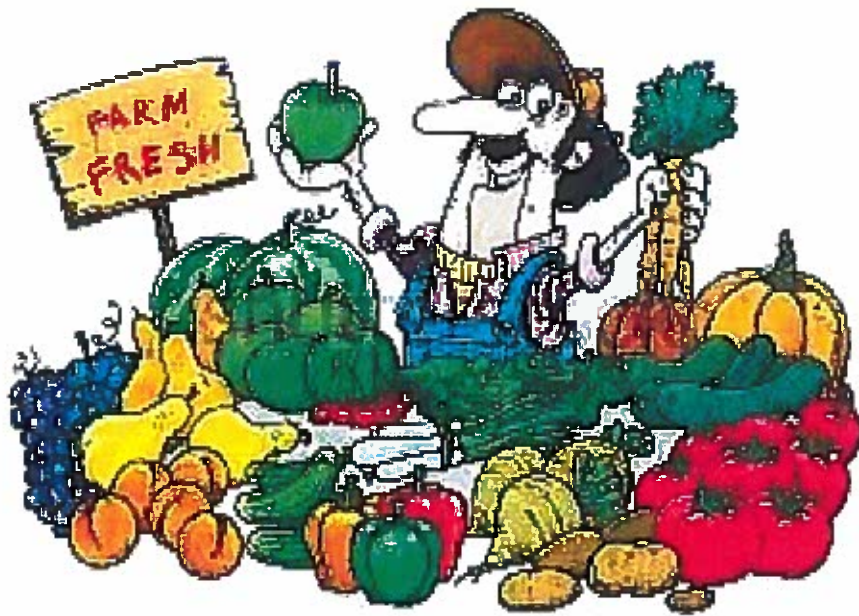


**2018 Farmer Market Vouchers (\$25.00)
are available to Warren County Residents
60 years of age or older who meet the
following income guidelines:**

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



Lakshmi Baskaram
Executive Director

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

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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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:
 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/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, 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.