

**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  
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](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).*

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