

Camden agency (856) 858-3220 Phone number  
Return to: Camden County Senior Service Division  
512 Lakeland Rd #4  
Blackwood, NJ 08012

**NEW JERSEY DEPARTMENT OF HEALTH**

**SENIOR FARMER'S MARKET NUTRITION PROGRAM (SFMNP)**

**APPLICATION FOR ELIGIBILITY**

Senior Local Agency: \_\_\_\_\_ Application Date: \_\_\_\_\_

Distribution Site: \_\_\_\_\_

**FAMILY INFORMATION SCREEN**

**AUTHORIZED REPRESENTATIVE (Head of Household)**

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Language: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ALTERNATE AUTHORIZED REPRESENTATIVE (Formerly "Proxy")**

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Language: \_\_\_\_\_ E-mail: \_\_\_\_\_

**STREET ADDRESS (Household):**

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address Different from Street Address:

**MAILING ADDRESS:**

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Family Size: \_\_\_\_\_

**\*\* If Homeless, please provide at least 1 form of Identity \*\***

Driver License  Birth Certificate  Social Security Benefits Statement

Other: \_\_\_\_\_

## PARTICIPANT REGISTRATION SCREENS

NOTE: Authorized Representative may also be a Participant; Maximum of 2 Participants per family.

### Participant #1

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Martial Status: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### ETHNICITY:

- Hispanic  
 Non-Hispanic

#### RACE: Check all that apply

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White

#### PROOF OF IDENTITY

- Birth Certificate  
 Driver's License  
 Immigration Documents  
 Medical Card or Records  
 Other (Specify): \_\_\_\_\_

### Participant #2

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Martial Status: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### ETHNICITY:

- Hispanic  
 Non-Hispanic

#### RACE: Check all that apply

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White

#### PROOF OF IDENTITY

- Birth Certificate  
 Driver's License  
 Immigration Documents  
 Medical Card or Records  
 Other (Specify): \_\_\_\_\_

### Participant #1: INCOME INFORMATION

Do you receive any of the following?

- CSEF  SNAP (Food Stamp)  SSI  Medicaid

Income Source:

- |   |  |
|---|--|
| <input type="checkbox"/> Affidavit – Self Declaration | <input type="checkbox"/> Reliable 3 <sup>rd</sup> Party Letter |
| <input type="checkbox"/> Bank Statement               | <input type="checkbox"/> Social Security/Retirement Statement  |
| <input type="checkbox"/> SSI/Disability Letter        | <input type="checkbox"/> SNAP Verification                     |
| <input type="checkbox"/> Employers Letter             | <input type="checkbox"/> Unemployment Benefits                 |
| <input type="checkbox"/> Medicaid Verification        | <input type="checkbox"/> W-2, prior year                       |
| <input type="checkbox"/> Recent Pay Stub              | <b>Monthly Income:</b> _____                                   |

## Participant #2: INCOME INFORMATION

Do you receive any of the following?

 CSFP

SNAP (Food Stamp)

 SSI

Medicaid

Income Source:

Affidavit – Self Declaration

Bank Statement

SSI/Disability Letter

Employers Letter

Medicaid Verification

Recent Pay Stub

Reliable 3<sup>rd</sup> Party Letter

Social Security/Retirement Statement

SNAP Verification

Unemployment Benefits

W-2, prior year

Monthly Income: \_\_\_\_\_

## SFMNP: RIGHTS AND OBLIGATIONS

1. I understand that I can receive SFMNP benefits from only (1) County or Municipal Office on Aging at a time.
2. I certify that I am not and will not attempt to enroll or obtain benefits from another County or Municipal Office on Aging.
3. I understand the SFMNP Eligibility Criteria, and I certify that all of the information that I have provided in this application is true and accurate.
4. I understand that the State, County or Municipality has the right to verify my information.
5. I understand that I can be disqualified from the SFMNP for failure to comply with these Rights and Obligations, and that this may result in penalties or in disqualification from the SFMNP for the next year.
6. The County or Municipal Office on Aging will make health and nutrition services available to me, and I am encouraged to participate in these services.

By my signature, I certify that I have been advised of the Rights and Obligations and the Eligibility Criteria for the Senior Farmers Market Nutrition Program, and the information I have provided here is true and accurate.

Signature of Participant #1/ Authorized Representative

Date

Signature of Participant #2

Date

APPROVED:

DENIED:

Signature of Local Agency Staff

Date

## **USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## SFMNP INCOME ELIGIBILITY GUIDELINES

Participation in the Senior Farmers' Market Nutrition Program is limited to those senior citizens who are 60 years and older and whose **Household Income** is equal to or less than the income poverty guidelines below.

<b>Income Eligibility Guidelines</b> <b>(Effective from July 1, 2024, to June 30, 2025)</b> <b>48 Contiguous States, D.C., Guam and Territories</b>					
Family Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
Each Add'l Member Add	+\$9,953	+\$830	+\$415	+\$383	+\$192

My signature indicates that I have reviewed the income guidelines by household. By signing this I attest that my income is at or below my household size, listed above. I also affirm that I live in Camden County, and I am at least 60 years of age. I understand that if any of these statements are found to be fraudulent, I will be subjected to sanctions per the State Policy and Procedures.

1. Name of Participant (Print)	1. Signature	Date
2. Name of Participant (Print)	2. Signature	Date
3. Alternate Authorized Representative (Print)	3. Signature	Date

# SFMNP INCOME ELIGIBILITY GUIDELINES

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2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

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## **CRITERIA FOR THE FARMERS' MARKET**

1. Must be 60 years or older - not available if under 60 and/or disabled.
2. Must meet income guidelines and live in Camden County.
3. Will be receiving QR CODE for a total of \$40.00 per qualified person.
4. Must use at participating farmers markets - cannot be used in grocery or produce stores.
5. No QR CODE will be given out without proper information.

## **DON'T WAIT UNTIL THE LAST MINUTE TO USE THEM!**

### **Collingswood Farmers' Market**

713 N. Atlantic Avenue,  
Collingswood NJ, 08107  
**Saturdays 8am-12pm**  
• A.T. Buzby Farm  
• Eckert's Corn  
• WM Schober Sons

**Haddonfield Farmers' Market**  
Sorbello Girls Farmer's Market 2  
Kings Court  
Haddonfield NJ, 08033 **Saturdays**  
**8:30am-1pm**

**Pastore Orchards Inc.**  
626 S. White Horse Pike  
Hammonton NJ, 08037 **Everyday**  
**8am-7pm**

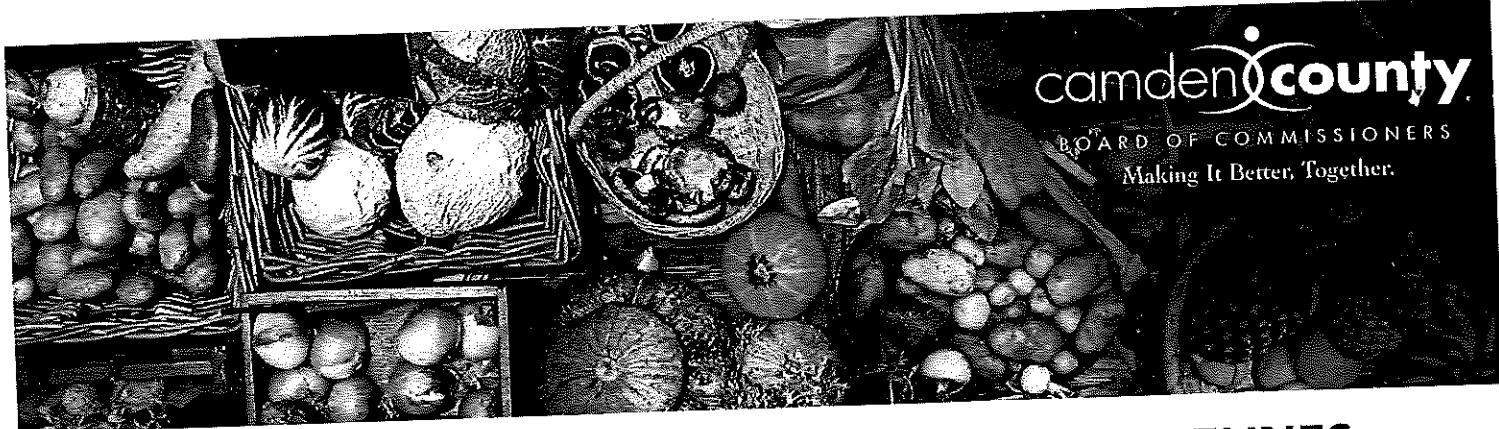
**Kumarie's Garden**  
Mt. Ephraim WIC Office  
2881 Mt. Ephraim Ave, Unit  
6-7, Camden NJ 08104  
May-September  
Monday: 10 AM-2PM

### **Springdale Farms**

**\*eWIC Certified\***  
1638 S. Springdale Rd  
Cherry Hill NJ, 08003  
**Everyday 6am-6pm**

### **Stella Farms**

**\*eWIC Certified\*** 459  
New Freedom Rd Berlin  
NJ, 08009 **Everyday**  
**8am-5pm**



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BOARD OF COMMISSIONERS  
Making It Better, Together.

## CAMDEN COUNTY FARMERS' MARKET GUIDELINES

- QR CODES must be used only by the person whom they were given. They cannot be transferred to another person.
- These QR CODES can be used only at authorized farmers' markets, **NOT** grocery stores. A list of the markets in Camden County is located on the reverse side of this flyer. Look for the large yellow "Farmers' Market Nutrition Program" poster to identify farmer.
- QR CODES are good for locally grown fruits, vegetables, and herbs. They **cannot** be used for citrus, tropical fruits, or baked/processed goods.
- For questions or concerns in Camden County, please call **856-858-3220**.
- Seniors do not have to use full amount given in one trip, but please redeem all funds on QR CODE before program end date.
- Lost QR CODES can be replaced. Please keep your QR CODE in a safe place until ready to use.
- Due to the growing season, weather, availability of produce, and the farm markets hours of operation, it is advisable to use your vouchers by November 30th.

Get Connected



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