



STEVEN M. FULOP
MAYOR OF JERSEY CITY

CITY OF JERSEY CITY
DEPARTMENT OF HEALTH & HUMAN SERVICES

DR. MARTIN LUTHER KING, JR. CITY HALL ANNEX
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STACEY L. FLANAGAN
DIRECTOR

June, 2022

Dear Jersey City Seniors and Group Leaders,

We have received the 2022 Senior Nutrition Program Farmers Market voucher applications from the State of New Jersey. **This year, each eligible senior will receive five (5) checks for \$6.00 each, for a total of \$30 per calendar year.** We will distribute vouchers to all eligible participants on a first-come-first-served basis. To receive vouchers from this office, applicants must be Jersey City residents, 60 years of age or older, and meet the income guidelines. **The maximum annual income for a single senior is \$25,142 and for a married couple is \$33,874 (See guidelines on the application.)** The 2022 application is a self-declaration, therefore by signing the form, each person affirms that they meet the eligibility guidelines. Self-declaration means that presenting proof of income/eligibility is not required. **Please do not send personal documents, or copies of same, to this office.** Be advised that these are Federal and NJ State guidelines.

Last year, we distributed many checks; however not all were used. **It is very important that you cash all your checks if you wish to continue to participate in the program.** If our distributed checks are not redeemed, our allocation is reduced the following year, and we will have fewer vouchers to distribute. Farmers are not allowed to give change for the amount under the check value. If your purchase is \$5, you will not receive \$1 in change. If your purchase is \$7, give the farmer a \$6 voucher and \$1 bill.

Please complete your application and mail or deliver it to the **Division of Senior Citizen Affairs, Dr. Martin Luther King City Hall Annex , 1 Jackson Square, Jersey City N.J 07305.** **Do not** return your application to the State or Federal offices. **Do not** apply more than one time. Again, vouchers are on a first-come-first served basis. We are currently accepting and processing applications. All applications will be date stamped as we receive them, to help us prioritize the order in which eligible applicants will receive the checks.

The checks are valid until November 30, 2022; however our office is not permitted to distribute the checks after September 30, 2022. **Due to ongoing COVID-19 policies, most checks will be mailed/delivered to eligible applicants. Distribution will begin July 1, 2022.**

If you are a group leader or local agency representative and are submitting more than one voucher for your organization, you must sign on the back of the application where it says "Name of Proxy/Group Leader." Also, please insert your group name on the OFFICE ON AGING SITE on the first page. You can call us when the applications are ready and we can pick them up or you can deliver them to us.

Thank you for being part of this great program. We look forward to serving you. If you have any questions about the process or need additional copies of the application, please call Carol Pasquale-201-547-5750 or Kim Aycox at 201-547-4777. Email inquiries may be sent to: fmvouchers@icnj.org .

Sincerely,

Joan Eccleston
Director of Senior Affairs

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 gross income (i.e., income before deductions for income taxes, Social Security taxes, insurance premiums, bonds, etc.) is equal to or less than the income poverty guidelines increased by 185%.

WIC Income Eligibility Guidelines (Effective from July 1, 2022 to June 30, 2023)					
48 Contiguous States, D.C., Guam and Territories					
Family Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	88,266	7,189	3,595	3,318	1,659
Each Add'l Member Add	+8,732	+728	+364	+336	+168

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 **Jersey City, Hudson 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 sanction per the State Police and Procedures.

1. Name of Participant (Print)

1. Signature Date

2. Name of Participant (Print)

2. Signature Date

Proxy (Print) Proxy

Signature Date

SFMNP INCOME ELIGIBILITY GUIDELINES

Office on Aging Site: _____ Application Date: _____ / _____ / _____

Name: Last (1) _____ First _____ MI _____

Name: Last (2) _____ First _____ MI _____

(Spouse applying for SFMNP Benefits)

Address: _____

City: JERSEY CITY County: HUDSON Zip _____

Date of Birth (1) _____ Date of Birth (2) _____ Phone # _____

Check one box:

(1) Ethnicity: Hispanic Non-Hispanic

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

(2) Ethnicity: Hispanic Non-Hispanic

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

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.

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.

<http://www.fns.usda.gov/wic/wic-income-eligibility-guidelines>

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