



County of Burlington

Human Services: Office on Aging

795 Woodlane Road, Westampton, NJ 08060
Mailing: P.O. Box 6000, Mount Holly, NJ 08060
(609) 265-5069 • www.co.burlington.nj.us
Eve A. Cullinan, *County Administrator*

Board of County Commissioners

Felicia Hopson, Director
Dan O'Connell, Deputy
Linda Hynes
Tom Pullion
Balvir Singh

2021 FARMERS MARKET PROGRAM GUIDELINES

1. Must be 60 years of age or older
2. Must reside in Burlington County
3. Must qualify by income guidelines given below
4. Must file with spouse, using only one application, if married

Gross Income must not exceed the limits provided below: July 1, 2021-Sept. 30, 2021

Single: \$23,828

Married: \$32,227

NAPIS INFORMATION: For Office on Aging Use Only

Consumer Name:

Please check the correct response for each category

Gender:

Male _____ Female _____

Lives Alone:

Yes _____ No _____

Primary Language:

English _____ Spanish _____ Other _____

Disabled:

Yes _____ No _____

Marital Status:

Single _____ Married _____ Widowed _____ Divorced _____

Frail:

Yes _____ No _____

Veteran:

Yes _____ No _____

Vulnerable:

Yes _____ No _____

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, 2021 to June 30, 2022)					
48 Contiguous States, D.C., Guam and Territories					
Family Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,546
Each Add'l Member Add	+ \$8,399	+ \$700	+ \$350	+ \$324	+ \$162

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 **Burlington 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 subject to sanctions per the State Policies and Procedures.

Name of Participant/Proxy

_____ Date

Signature of Participant/Proxy

Signature of Spouse

Office on Aging Site _____ Application Date _____

1. Name: Last _____ First _____ MI _____

2. Name: Last _____ First _____ MI _____

(Spouse applying for SFMNP Benefits) Address:

City _____ County _____ Zip _____

1. Date of Birth _____ 2. Date of Birth _____

Phone Number: _____ Email: _____

Check one box:

Check one or more boxes:

(1) Ethnicity/Race

Hispanic Non-Hispanic

American Indian or Alaskan Native

Native Hawaiian or Pacific Islander

Asian Black or African American

White

(2) Ethnicity/Race:

Hispanic Non-Hispanic

American Indian or Alaskan Native

Native Hawaiian or Pacific

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.

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.

<http://www.fns.usda.gov/wic/wic-income-eligibility-guidelines>
USDA is an Equal Opportunity Provider, Employer and Lender
Federal Register / Vol. 84, No. 81

Income Eligibility Form

please verify that your Annual Gross income is within the guidelines sign, return the signed form and application to:

Office of Aging
Po Box 6000
Mt Holly NJ 08060
Att: BJ

NO OTHER DOCUMENTS ARE NEEDED!!!

You may email completed forms to: bwestmoreland@co.burlington.nj.us

Any questions please call 609-265-5069

Once completed forms are received voucher's will be mailed to you.