

**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: **SFMNP-4**  
Effective Date: May 13, 2025

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**Functional Area: Sr Farmers Market Nutrition Program**

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**Subject: Certification Appointment/Process**

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**A. Policy:**

1. In addition to eligibility determination for the SFMNP, the Senior Applicant and/or their Alternate Authorized Representative must be advised of the following during the Certification Appointment/Process:
  - a. Rights and Obligations of the Senior Farmers Market Program
  - b. The Federal Non-discrimination Policy, and the Complaint Procedure
  - c. How to redeem, protect, and use their SFMNP Benefits
  - d. Locations of participating Farmers and Farmers Markets in their Service Area.
  - e. The right to, and process of filing complaints with the State Agency.
2. The Senior Applicant and/or their Alternate Authorized Representative must also be provided with appropriate Nutrition Education and assessed and referred for other critical services during the Certification Appointment if needed.
3. Accommodation must be made for different languages.

**B. Procedure:**

1. The Certifying Staff Member will provide the Senior Applicant and/or Alternate Authorized Representative with a hard-copy of the Rights and Obligations, as indicated in the Federal Regulations:

**SFMNP: Rights and Obligations**

I have been advised of my rights and obligations under the SFMNP. 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 application. 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 case, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. Standards for eligibility and participation in the SFMNP are the same for everyone regardless of race, color, national origin, age, disability, or sex.

I understand that I may appeal any decision made by the Local Agency regarding my eligibility for the SFMNP.

2. The Federal Non-Discrimination Policy is to be printed on all State or Local Agency issued documents that are displayed or given to the Senior participant and/or their Alternate Authorized Representative.

- a. They are to be advised that Civil Rights complaints may be made to:

By Mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Washington, D.C. 20250-9410

By Fax:

(833) 256-1665 or (202) 690-7442

By Email:

[program.intake@usda.gov](mailto:program.intake@usda.gov)

3. The Certifying Staff Member must clearly explain to the Senior Participant and/or their Alternate Authorized Representative how to redeem, protect, and use their benefits, and the QR Code transaction tool.
  - a. This must include: Season dates; Benefit amount; What to do, should they lose, or have questions or problems with the benefit medium.
4. The Certifying Staff Member must give the Senior Participant and/or their Alternate Authorized Representative a list of participating Farmers/Growers and Farmers Markets in their service area.
5. The Certifying Staff Member must provide the Senior Participant and/or their Alternate Authorized Representative with appropriate Nutrition Education.
  - a. This Nutrition Education may be in the form of the SFMNP Program Guide.

6. The Certifying Staff Member must assess the Senior Participant's need for referral to other services.
7. The Local Agency will make translation services available to participants as needed.
8. Should a Senior who does not reside in the Senior Local Agency's service area present for Senior Farmers Market Benefits, they are to be referred to the appropriate Senior Local Agency.
9. The Certifying Staff Member must advise the Senior Participant and/or their Alternate Authorized Representative that they have the right to file a complaint to the State Agency about their treatment or experience with any aspect of the Sr Farmers Market Program, ie, individual Local Agency or Partner Agency staff, Farmers, other participants, etc.
  - a. Such complaints should be filed using the WIC 32 form.

**Attachments:**

- **WIC 32 - Complaint Form - Attachment 1**
- **Complaint Follow-Up Form - Attachment 2**
- **Season Details: Dates, Benefit Amounts, Senior Portal - Attachment 3**
- **List of Agencies - Attachment 4**