

The West Virginia Department of Agriculture
Walt Helmick, Commissioner

The Emergency Food Assistance Program (TEFAP)

FOOD PANTRY RECIPIENT APPLICATION
(Effective July 1, 2015 until June 30, 2016)

Name of Applicant: _____ Household Size: _____

Address: _____

County: _____ Telephone No.: _____

Name of Food Pantry: _____

Total Gross Income: Monthly \$ _____ - OR - Annually \$ _____

The following table shows monthly and annual income for each household size at 130% of the federal poverty guidelines. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive USDA commodities.

HOUSEHOLD SIZE	GROSS MONTHLY INCOME	GROSS ANNUAL INCOME
1	\$1,276.00	\$15,301.00
2	\$1,726.00	\$20,709.00
3	\$2,177.00	\$26,117.00
4	\$2,628.00	\$31,525.00
5	\$3,078.00	\$36,933.00
6	\$3,529.00	\$42,341.00
7	\$3,980.00	\$47,749.00
8	\$4,430.00	\$53,157.00

If household size exceeds 8, add \$451.00 monthly OR \$5,408 annually for each additional household member

USDA 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, (Continued on Page 2)

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.

This certification form is being completed in connection with the receipt of federal assistance. Program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

I certify that my gross household income is at or below the income listed on this form which I have completed on the date indicated below - OR -

I receive SNAP benefits (food stamps), therefore I automatically qualify for this program.

Applicant Signature: _____ Date: _____

Food Pantry Representative Signature: _____ Date: _____

APPLICANT VERIFICATION OF RECEIPT OF TEFAP FOODS

Recipient (or Proxy) Signature

Date Received TEFAP Foods

