

**The West Virginia Department of Agriculture
Kent Leonhardt, Commissioner**

**The Emergency Food Assistance Program (TEFAP)
FOOD PANTRY RECIPIENT APPLICATION**

2025

[Effective March 10, 2025]
(185% of Federal Poverty Guidelines)

**THOSE WHO QUALIFY FOR SNAP ARE AUTOMATICALLY QUALIFIED TO RECEIVE TEFAP
FOODS.**

**TO QUALIFY FOR USDA FOODS, GROSS HOUSEHOLD INCOME CANNOT EXCEED THE
INCOME GUIDELINES.**

Name of Applicant: _____ Household Size: _____

Zip Code: _____ Telephone No.: _____

Name of Food Pantry: _____

HOUSEHOLD SIZE	GROSS MONTHLY INCOME	GROSS ANNUAL INCOME
1	\$2,413.00	\$28,953.00
2	\$3,261.00	\$39,128.00
3	\$4,109.00	\$49,303.00
4	\$4,957.00	\$59,478.00
5	\$5,805.00	\$69,653.00
6	\$6,653.00	\$79,828.00
7	\$7,501.00	\$90,003.00
8	\$8,349.00	\$100,178.00

If household size exceeds 8, add \$848.00 (monthly) OR \$10,175 (annually) for each additional household member

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, audiotope, 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/ad-3027.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

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 understand that by signing this paper I will only receive USDA TEFAP commodities at this TEFAP pantry.*
- **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/Referral Rep. Signature: _____ Date: _____

