

WILSON FOOD BANK
952 Redwood Street, Wilson, OK 73463
CONFIDENTIAL FAMILY APPLICATION FOR FOOD PANTRY

PLEASE COMPLETE ALL SPACES AND ATTACHED HOUSEHOLD INFORMATION SHEET AND TEFAP

LAST Name: _____ FIRST Name: _____

(Photo ID MUST be Provided)

Physical Address: _____

(Utility Bill with Physical Address MUST be Provided)

City: _____

Mailing Address if Different from above: _____

City: _____

Phone: Cell: _____ Text? Yes _____ No _____ Landline/Message _____

E-Mail Address: _____

TOTAL HOUSEHOLD Monthly Income: \$ _____

(This includes income from ALL household members, no just Applicant.)

Number of Adults: _____ Ages of ALL Adults: _____

(Photo ID MUST be provided for each Adult)

Number of Children: _____ Ages of ALL Children: _____

(Proof MUST be provided for each Child)

Total Number in Home: _____ Do You receive food stamps? Yes _____ No _____

Please put a check mark by your answers to the following questions:

What is your race?

White _____ Black _____ Native Am. _____ Hispanic _____ Asian _____ Other _____

Are you Employed?

Yes, full-time _____ Yes, part-time _____ No, but looking _____ No, retired _____ Disabled _____

Certification and Waiver of Responsibility:

I/We certify (promise) that all of the information on this Application is true and correct and that ALL household income is reported. I/We assume full responsibility for any food items received. I/We assume full responsibility for any accidents while on this property. I/We will not hold Wilson Food Bank liable in any way.

I HEREBY AUTHORIZE THE FOLLOWING PERSON(S) TO PICK UP FOR ME: _____

Signature: _____ Date: _____

MEMBERS OF HOUSEHOLD INFORMATION

Please list each additional resident for the household:

First Name	Last Name	Date of Birth	Gender	Race	Relationship to Applicant
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Applicant Signature: _____ Date: _____

The Emergency Food Assistance Program (TEFAP) Application: State of Oklahoma

Name: _____

Number of Adults in Household: _____

Address: _____

Number of Seniors in Household: _____

Number of Children in Household: _____

Automatic Eligibility for TEFAP/USDA Food:

My Household receives SNAP / FDIPIR / WIC / CSFP / CAC ☐

If you did not check the box above, please continue:

On the following chart, please circle the number of people in your household. Circle the income limit that matches the size of your household:

Is your income the same or lower than the number you circled? Yes ☐ No ☐

<u>200% GROSS INCOME LIMITS FOR OKLAHOMA TEFAP / USDA FOODS PROGRAM</u>			
<u>Effective from July 1, 2023 to June 30, 2024</u>			
Household Size	Annual	Monthly	Weekly
1	\$29,160	\$2,430	\$565
2	\$39,440	\$3,287	\$764
3	\$49,720	\$4,143	\$963
4	\$60,000	\$5,000	\$1,163
5	\$70,280	\$5,857	\$1,362
6	\$80,560	\$6,713	\$1,561
7	\$90,840	\$7,570	\$1,760
8	\$101,120	\$8,842	\$1,960
For each addition family member, add:	+\$10,280	+\$857	+\$199

I certify that the total gross income for my household is at or below the income I have circled or that my household is automatically eligible based on the programs I checked above.

Signature: _____ Date: _____

Non-Discrimination Statement:

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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