FARMACY WV
Prescriptions for Produce

ELIGIBILITY FORM

TODAY'S DATE (MM/DD/YY)

PROVIDER NAME (FIRST LAST)

PATIENT INFORMATION

NAME: (FIRST LAST)

ADDRESS: STREET, CITY, STATE, ZIP

PHONE NUMBER:

EMAIL:

PREFERRED METHOD OF CONTACT: PHONE, TEXT, EMAIL (IF TEXT PLEASE PROVIDE NUMBER)

Question 1: Has the patient ever been diagnosed with any of the following conditions?

Yes	No	
☐	☐	Diabetes
☐	☐	Prediabetes
☐	☐	Obesity
☐	☐	Hypertension
☐	☐	Hyperlipidemia

If "yes" to any of the above, proceed to question 2.

If "no" to all of the above, the patient is ineligible for FARMacy. STOP HERE.

FARMACY WV
Prescriptions for Produce

Question 2: Does the patient currently participate in any of the following programs (or have they participated within the past 12 months)?

Yes No

☐ ☐ SNAP (food stamps)

☐ ☐ WIC

☐ ☐ TANF

If "yes" to any of the above, the patient is eligible for FARMacy – STOP HERE.

If 'no' to all of the above, proceed to Question 3.

Question 3: Does the patient currently have a household income of less than 185% of the Federal Poverty Level? (please refer to the chart below for the income chart)

Yes ☐ No ☐

If "yes", the patient is eligible for FARMacy.

If "no", the patient is ineligible for FARMacy.

185% Federal Poverty Level (FPL)		
Persons in Family 185%	Federal Poverty Guidelines for 2024 Monthly Income	Federal Poverty Guidelines for 2024 Annual Income
1	$2,321.75	$27,861.00
2	$3,151.17	$37,814.00
3	$3,980.58	$47,767.00
4	$4,810.00	$57,720.00
5	$5,639.42	$67,673.00
6	$6,468.83	$77,626.00
7	$7,298.25	$87,579.00
8	$8,127.67	$97,532.00