












NO PUBLIC RESTROOMS




ORDER FORM _____ of _____ # of people in household _____

4/17/24






Canned goods

<input type="checkbox"/> Chickpeas 	<input type="checkbox"/> Green beans 
<input type="checkbox"/> Salmon 	<input type="checkbox"/> Pinto beans 
<input type="checkbox"/> Beef stew 	<input type="checkbox"/> Potatoes 
<input type="checkbox"/> Canned fruit 	<input type="checkbox"/> Corn 
	<input type="checkbox"/> Diced tomatoes 










Frozen items

- Pork* 
- Bonus frozen item*








Dairy/deli

- Milk* 
- Eggs 
- American cheese* 
- Shredded cheddar cheese 
- Shredded mozzarella cheese 

Culturally specific items (pick up to 2)

<input type="checkbox"/> Soy sauce* 	<input type="checkbox"/> Bamboo shoots* 
<input type="checkbox"/> Sardines* 	<input type="checkbox"/> Diced jalapenos* 
<input type="checkbox"/> Hominy* 	<input type="checkbox"/> Bean thread noodles* 
<input type="checkbox"/> Grits* 	<input type="checkbox"/> Coconut milk* 
<input type="checkbox"/> Hot sauce* 	























Produce

<input type="checkbox"/> Cabbage* 	<input type="checkbox"/> Onions* 
<input type="checkbox"/> Nappa cabbage* 	<input type="checkbox"/> Apples* 
<input type="checkbox"/> Assorted potatoes* 	<input type="checkbox"/> Oranges* 
	<input type="checkbox"/> Carrots* 

Pet food

- Cat food* 
- Dog food* 

Dry goods

<input type="checkbox"/> Oil 	<input type="checkbox"/> Raisins 	<input type="checkbox"/> Pinto beans 	<input type="checkbox"/> Kidney beans 	<input type="checkbox"/> Lentils 	<input type="checkbox"/> Mayo 	<input type="checkbox"/> Hot chocolate 	<input type="checkbox"/> Chex mix* 
<input type="checkbox"/> Cereal 	Rice (pick 1)		<input type="checkbox"/> Popcorn 		<input type="checkbox"/> Split green peas 		<input type="checkbox"/> Split yellow peas 
	<input type="checkbox"/> White rice 		<input type="checkbox"/> Dates 		<input type="checkbox"/> Girl scout cookies 		<input type="checkbox"/> Sliced bread 
	<input type="checkbox"/> Brown rice* 		<input type="checkbox"/> Misc. bakery 				
	Pasta Noodles (pick 1)						
	<input type="checkbox"/> Elbow noodles 						
	<input type="checkbox"/> Spaghetti noodles 						
	<input type="checkbox"/> Mac & cheese 						
	<input type="checkbox"/> Chili* 						

***As available**

Items on this sheet change daily.

If the food shelf runs out of an item, we will try to substitute a similar item when possible.

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Name:

Address:

Reminder: Families can visit the Corner Shelf food shelf ONCE a week.

I confirm that I have seen the Data Privacy/Tennessee Warning & my family is eligible to receive food according to TEFAP guidelines. YES NO

First time visiting this year? YES NO

Number of people
in household:

Number of kids
(under 18):

Number of seniors
(over 65):

Number of adults
(18-64):

Order form _____ of _____

Where do you want your groceries?

Trunk

D

Backseat

P

Passenger seat

SPACE NUMBER #

Groceries weight:

Reminder: Families can visit the Corner Shelf ONCE a week

Recordatorio: las familias pueden visitar Corner Shelf UNA VEZ por semana

Nco Ntsoov: Cov tsev neeg tuaj yeem tuaj xyuas Lub Kaum Ob Hlis Ntuj ib zaug ib lub lim tiam