



NO PUBLIC RESTROOMS





ORDER FORM _____ of _____ # of people in household _____

6/27/24





Canned goods

- Mixed vegetables 
- Collard greens 
- Tomato sauce 
- Salmon 
- Chickpeas 
- Green beans 
- Pinto beans 
- Corn 
- Chicken 
- Diced tomatoes 

Dairy



- Milk* 
- Eggs* 
- Horseradish*
- Bonus dairy item*

Produce



- Onions* 
- Apples* 
- Jalapenos* 
- Potatoes* 
- Cabbage* 
- Eggplant* 
- Grapes* 
- Sweet corn* 

Dry goods





- Oil 
- Cereal 
- Pinto beans 
- Kidney beans 
- Lentils 
- Navy beans 
- Split green peas 
- Hot chocolate 

- Hollandaise sauce mix
- Dried cherries* 
- Raisins 

Rice (pick 1)

- White rice 
- Brown rice* 

Pasta Noodles (pick 1)









- Elbow noodles 
- Spaghetti noodles 
- Mac & cheese 
- Assorted chocolate 

- Walnuts 
- Pecans 
- Almonds 
- Applesauce 
- Ready-to-eat pasta meal*
- Beef stew 
- Misc. bakery item 

Frozen items

- Pork* 
- Chicken* 

Culturally specific items (pick up to 2)

- Soy sauce* 
- Sardines* 
- Grits* 
- Hot sauce* 
- Bamboo shoots* 
- Bean thread noodles* 
- Hominy* 
- Coconut milk* 

***As available**

**Items on this sheet change daily.
If the food shelf runs out of an item, we
will try to substitute another
item when possible.**

**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**

**In the event of visible lightning or audible
thunder, food distribution must be suspended.
Distribution will not resume until 15 minutes
has passed without lightning or thunder.**

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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: