



NO PUBLIC RESTROOMS



ORDER FORM _____ of _____

of people in household _____

1/2/25

Dairy

- Milk
- Eggs

Culturally specific items (pick up to 2)

- Soy sauce*
- Grits*
- Red curry paste*
- Hot sauce*
- Sardines*
- Hominy*
- Diced jalapenos*
- Bamboo shoots*
- Coconut milk*
- Bean thread noodles*
- Sesame oil*

Produce

- Potatoes*
- Onions*
- Sweet potatoes*
- Apples*
- Cabbage*
- Oranges*
- Squash*
- Carrots*

Frozen items

- Ground beef*
- Sliced turkey lunch meat*
- Chicken*
- Pork chops*

Canned goods

- Mixed fruit
- Diced tomatoes
- Cranberry sauce
- Pears
- Corn
- Collard greens
- Green beans
- Mushrooms*
- Peaches
- Soup*
- Kidney beans
- Beef stew
- Pinto beans
- Cream of mushroom soup*
- Tomato sauce
- Salmon
- Black beans
- Chicken*
- Sweet potatoes
- Pureed pumpkin

Dry goods

- AuGratin potatoes
- Baking mix (biscuits, waffles, etc.)
- Applesauce
- Gravy
- Hickory bacon aioli spread
- Stuffing mix
- Split green peas
- Lentils
- Pinto beans
- Iced mango tea*

- Oil

Rice (pick 1)

- White rice
- Brown rice
- Milk (shelf stable)
- Prunes
- Craisins
- Raisins
- Dates
- Mac & cheese
- Bonus dry item*

- Walnuts
- Bakery item*
- Cereal
- Grape juice
- Instant iced coffee
- Instant potatoes

Pasta Noodles (pick 1)

- Elbow noodles
- Spaghetti noodles

Reminder: Families can visit the food shelf ONCE a week.
Recordatorio: las familias pueden visitar el estante de la comida UNA VEZ por semana.
Nco Ntsoov: Cov tsev neeg tuaj yeem tuaj xyuas lub txee zaub mov ib zaug ib lim piam.

***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. another 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

Has your household address or income changed since your last visit? 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: