



NO PUBLIC RESTROOMS



ORDER FORM _____ of _____

of people in household _____

2/13/25

Dairy/beverages

- Milk*
- Chocolate pudding
- Cheddar cheese*
- Butter*

Culturally specific items (pick up to 2)

- Soy sauce*
- Sardines*
- Coconut milk*
- Sesame oil*
- Diced jalapenos*
- Bean thread noodles*
- Fufu mix (plantain)*
- Hominy*

Produce

- Potatoes*
- Onions*
- Grapefruit*
- Sweet potatoes*
- Apples*
- Mandarin oranges*
- Tomatoes*
- Carrots*
- Cabbage*

Frozen items

- Chicken*
- Turkey*
- Pork bratwurst*

Canned goods

- Mixed fruit
- Cranberry sauce*
- Pears
- Corn
- Collard greens
- Green beans
- Black beans
- Vegetable soup
- Kidney beans
- Chili
- Spicy pinto beans
- Tomato sauce*
- Salmon
- Applesauce
- Chicken
- Diced tomatoes
- Peaches

Dry goods

- Mac & cheese*
- Instant iced coffee
- Ritz crackers
- Chocolate protein powder
- Flaxseed milk
- Milk (shelf stable)

Oil

Rice (pick 1)

- White rice
- Brown rice

- Prunes
- Craisins
- Raisins
- Dates
- Instant mashed potatoes

Cereal

- Walnuts*
- Misc. bakery item

Pasta Noodles (pick 1)

- Elbow noodles
- Spaghetti noodles
- Microwave meal*
- Grape juice

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.**

The Emergency Food Assistance Program (TEFAP) Annual Eligibility Form

To be eligible:

- Self-report the information in the table below
- Self-declare that:
 - You are in Minnesota
 - Your household income is at or below the income listed for the number of people in your household

The following is NOT required:

- No Identification, No Proof of Address, No Proof of Income, No Proof of Household Size
- No Social Security Number, No Proof of Citizenship/Immigration Status
- No information other than what is on this form can be required from you to access food at this site

Name			Zip Code (optional)
Number of Children (0-17)	Number of Adults (18-64)	Number of Seniors (65+)	Total Number in Household
Proxy Permission: I authorize the following person(s) to pick up food on my behalf as a proxy			

Annual Income Eligibility: (300% of Federal Poverty Guidelines)

Household Size	1	2	3	4	5	6	7	8
Annual Income at or below:	\$45,180	\$61,320	\$77,460	\$93,600	\$109,740	\$125,880	\$142,020	\$158,160

*Add \$16,140 for each additional member

I self-declare that:

- I am in Minnesota.
- My household income is at or below the above guidelines.
- The information I provided is correct to the best of my knowledge and ability.
- I have been shown and have read the USDA Nondiscrimination Statement.
- I have been shown and have read the MN Data Privacy Notice.

<input type="radio"/> Verbal Self-Declaration	Date 2/13/2025
OR	
<input type="radio"/> Signature (optional)	Date

MN TEFAP Annual Eligibility Form -

Order form _____ of _____

Where to put groceries?
Trunk D Backseat P Passenger

SPACE NUMBER #

Groceries weight: