



NO PUBLIC RESTROOMS



ORDER FORM _____ of _____

of people in household _____

2/12/26

Milk

1% Milk

Eggs

Culturally specific items (pick 2)

Soy sauce

Hot sauce

Grits

Bamboo shoots

Sardines

Jalapenos

Hominy

Coconut milk

Produce

Carrots

Apples

Potatoes

Onions

Sweet potatoes

Oranges

Cabbage

Frozen

Chicken

Pie crust

Canned/ bottled goods

Black beans

Pasta sauce

Diced tomatoes

Canned spinach

Garbanzo beans

Applesauce

Pears

Green beans

Peanut butter

Oil

Dry goods

Slim Jims

Spicy Puffcorn

Mac & cheese

Elbow noodles

Beef gravy

Spaghetti noodles

Lentils

Rice (pick 1)

Black beans

White rice

Garbanzo beans

Brown rice

White beans

Pasta Noodles (pick 1)

Pinto beans

Elbow noodles

Spaghetti noodles

Dried fruit (pick 1)

Craisins

Raisins

Dried plums

Dried fruit (pick 1)

Craisins

Raisins

Dried plums

Misc. bread

Cereal

Chocolate oatmeal

ALL ITEMS 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 an other item when possible.

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.

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:	\$46,950	\$63,450	\$79,950	\$96,450	\$112,950	\$129,450	\$145,950	\$162,450

*Add \$16,500 for each additional member

***We are required to ask about income as part of the intake process, but we will serve you regardless of your income.**

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 2/12/2026
OR	
<input type="radio"/> Signature (optional)	Date _____
<i>MN TEFAP Annual Eligibility Form -</i>	

Order form _____ of _____	Where to put groceries? Trunk D Backseat P Passenger
SPACE NUMBER #	Groceries weight: