



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



☐ Beef gravy



☐ Lentils



☐ Black beans



☐ Garbanzo beans



☐ White beans



☐ Pinto beans



Pasta Noodles (pick 1)

☐ Elbow noodles



☐ Spaghetti noodles

Dried fruit (pick 1)

☐ Craisins



☐ Raisins



☐ Dried plums



Rice (pick 1)

☐ White rice



☐ Brown rice



☐ 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

MN TEFAP Annual Eligibility Form -

Order form _____ of _____

Where to put groceries?

Trunk

D Backseat P

Passenger

SPACE NUMBER #

Groceries weight: