



NO PUBLIC RESTROOMS



ORDER FORM _____ of _____

of people in household _____

4/16/26

Milk & Eggs

1% Milk

Eggs

Margarine

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.

Produce

Potatoes

Grapefruit

Cabbage

Apples

Pears

Oranges

Onions

Carrots

Cantaloupe

Bonus produce

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.

Frozen

Assorted frozen meat

Popsicles

Canned goods

Pasta sauce

Applesauce

Pears

Peaches

Spicy black beans

Pinto beans

Garbanzo beans

Black beans

Baked beans

Dry goods

Peanut butter

Bonus food item

Mac & cheese

Brownie bites

Coffee K-cups

Cereal

Dried fruit (pick 1)

Craisins

Raisins

Lentils

Black beans

Garbanzo beans

Red kidney beans

White beans

Pinto beans

Oatmeal

Pasta Noodles (pick 1)

Macaroni noodles

Spaghetti noodles

Rice (pick 1)

White rice

Brown rice

Crackers

Dill pickle corn puffs

Granola bars

Groceries
weight:





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 4/16/2026
OR	
<input type="radio"/> Signature (optional)	Date

MN TEFAP Annual Eligibility Form -

Order form # _____ of _____	<h2 style="margin: 0;">SPACE NUMBER #</h2>	
Where to put groceries		
Trunk	D backseat P	Passenger