



NO PUBLIC RESTROOMS



ORDER FORM _____ of _____

of people in household _____

4/23/26

Milk, Eggs, Frozen

- 1% Milk
- Eggs

Culturally specific items (pick 2)

- Soy sauce
- Grits
- Bamboo shoots
- Sardines
- Jalapenos
- Hot sauce
- Hominy

Produce

- Onions
- Pears
- Oranges
- Cabbage
- Sweet potatoes
- Grapefruit
- Apples
- Bonus produce

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 when possible.

Reminder: Families can visit the food
shelf ONCE a week.

Recordatorio: las familias pueden visi-
tar 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.

Canned goods

- Applesauce
- Pears
- Pasta sauce
- Pinto beans
- Garbanzo beans
- Spicy black beans
- Black beans
- Baked beans

Dry goods

- Vanilla flaxseed milk
- Oil
- Granola bars
- Mac & cheese
- Brownie bites
- Coffee K-cups
- Cereal
- Lentils
- Black beans
- Garbanzo beans
- Red kidney beans
- White beans
- Pinto beans
- Oatmeal

Dried fruit (pick 1)

- Craisins
- Raisins

- Peanut butter

Pasta Noodles (pick 1)

- Macaroni noodles
- Spaghetti noodles

Rice (pick 1)

- White rice
- Brown rice

- Crackers
- Nerds candy

Frozen

- Popsicles

In the event of visible lightning or audible thunder,
food distribution must be suspended. It will resume
if/when 15 minutes has passed without lightning or
thunder.

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:	\$47,880	\$64,920	\$81,960	\$99,000	\$116,040	\$133,080	\$150,120	\$167,160

*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 4/23/2026
OR	
<input type="radio"/> Signature (optional)	Date

MN TEFAP Annual Eligibility Form -

Order form # _____ of _____	<h1>SPACE NUMBER #</h1>
Where to put groceries Trunk D backseat P Passenger	