



NO PUBLIC RESTROOMS



ORDER FORM _____ of _____

of people in household _____

5/14/26

Dairy, Eggs

1% Milk



Eggs



Half & half

Margarine



Produce

Onions



Apples



Sweet potatoes



Pears



Potatoes



Honeydew



Watermelon



Cabbage



Bonus produce



Frozen

Mashed potatoes meal



Chicken



Canned goods

Applesauce



Pinto beans



Pears



Garbanzo beans



Pasta sauce



Black beans



Spicy black beans

Bonus canned food

Baked beans



Dry goods

Vanilla flaxseed milk



Lentils



Cereal



Garbanzo beans



Peanut butter



Red kidney beans



Mac & cheese



White beans



Brownie bites



Pinto beans



Coffee K-cups



Rice (pick 1)

White rice



Brown rice



Plant based whole milk



Bonus bread



Oatmeal



Oreos



Oreo cookie baking mix

Dried fruit (pick 1)

Craisins



Raisins



Pasta Noodles (pick 1)

Elbow noodles



Spaghetti noodles



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 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.

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 5/14/2026
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	