



# NO PUBLIC RESTROOMS



ORDER FORM \_\_\_\_\_ of \_\_\_\_\_

# of people in household \_\_\_\_\_

6/4/26

## Milk & Eggs

1% Milk



Eggs



## Culturally specific items (pick 2)

Soy sauce



Hominy

Grits

Hot sauce



Coconut milk



Corn masa flour

Sardines



## Produce

Onions



Pears



Sweet potatoes



Bananas



Cantaloupe



Watermelon



Green peppers



Potatoes



Apples



Sweet corn



**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.

## Frozen

Frozen chicken



Mashed potatoes



## Pet food (pick 1)

Cat food



Dog food



## Canned goods

Applesauce



Pears



Pasta sauce



Garbanzo beans



Pinto beans



Spicy black beans

Black beans



Baked beans



## Dry goods

Oil



Cereal



Peanut butter



Mac & cheese



Vanilla flaxseed milk



Plant based whole milk



Coffee K-cups



Oatmeal



Brownie bites



Oreo cookie baking mix

Lentils



Black beans



Pinto beans



Red kidney beans



Garbanzo beans



White beans



## Rice (pick 1)

White rice



Brown rice



Bonus bread



## Dried fruit (pick 1)

Craisins



Dates



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.

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
<b>Annual Income at or below:</b>	\$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 <b>6/4/2026</b>
<b>OR</b>	
<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	