# NO PUBLIC RESTROOMS

ORDER FORM _____ of_____ # of people in household_____ 7/23/26

## Milk & Eggs

- ☐ 1% Milk
- ☐ Eggs

## Culturally specific items (pick 2)

- ☐ Soy sauce
- ☐ Grits
- ☐ Sardines
- ☐ Bamboo shoots
- ☐ Hot sauce
- ☐ Hominy
- ☐ Corn masa flour

## Frozen

- ☐ Chicken
- ☐ Ice cream
- ☐ Bonus frozen food

## Canned goods

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

## Produce

- ☐ Onions
- ☐ Potatoes
- ☐ Cantaloupe
- ☐ Apples
- ☐ Celery
- ☐ Sweet corn
- ☐ Cabbage
- ☐ *Watermelon

## 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.**

**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.**

## Dry goods

- ☐ Mac & cheese
- ☐ Peanut butter
- ☐ Coffee k-cups
- ☐ Cereal
- ☐ Girl scout cookies
- ☐ Raisins

**Dried fruit (pick 1)**

- ☐ Craisins
- ☐ Dates

- ☐ Oil

**Pasta Noodles (pick 1)**

- ☐ Elbow noodles
- ☐ Spaghetti noodles

- ☐ Stroganoff skillet dinner

**Rice (pick 1)**

- ☐ White rice
- ☐ Brown rice

- ☐ Lentils
- ☐ Split green peas
- ☐ Red beans
- ☐ Bonus bread
- ☐ Popcorn
- ☐ Walnuts
- ☐ Kids nutritional shakes
- ☐ Black beans
- ☐ Pinto beans
- ☐ Red kidney beans
- ☐ Garbanzo beans
- ☐ White beans

DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

THE CORNER SHELF

# The Emergency Food Assistance Program (TEFAP) Annual Eligibility Form

Groceries weight:

**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 **$17,040** 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.

| ◯ Verbal Self-Declaration | Date 7/23/2026 |
|---|---|
| **OR** | |
| ◯ Signature (optional) | Date |

*MN TEFAP Annual Eligibility Form -*

Order form # _____ of _____

**SPACE NUMBER #**

Where to put groceries

Trunk D backseat P Passenger