NO PUBLIC RESTROOMS

ORDER FORM _____ of_____ # of people in household_____ 8/13/26

Milk & Eggs
- ☐ 1% Milk
- ☐ Eggs

Frozen
- ☐ Fish sticks
- ☐ Bonus red meat item
- ☐ Butter

Culturally specific items (pick 2)
- ☐ Soy sauce
- ☐ Grits
- ☐ Sardines
- ☐ Coconut milk
- ☐ Hot sauce
- ☐ Hominy
- ☐ Corn masa flour

Canned goods
- ☐ Pinto beans
- ☐ Applesauce
- ☐ Black beans
- ☐ Spicy black beans
- ☐ Garbanzo beans
- ☐ Pasta sauce

Produce
- ☐ Sweet corn
- ☐ Onions
- ☐ Potatoes
- ☐ Collard greens
- ☐ Peaches
- ☐ Nectarines
- ☐ Napa cabbage
- ☐ Apples
- ☐ Cabbage
- ☐ Cantaloupe

Pet food
- ☐ Dog food

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.

Dry goods
- ☐ Peanut butter
- ☐ Mac & cheese
- ☐ Bonus food item
- ☐ Coffee k-cups
- ☐ Cookies
- ☐ Snack food item
- ☐ Cereal

Rice (pick 1)
- ☐ White rice
- ☐ Brown rice

Pasta Noodles (pick 1)
- ☐ Elbow noodles
- ☐ Spaghetti noodles

- ☐ Raisins
- ☐ Lentils
- ☐ Split green peas
- ☐ Red beans
- ☐ Craisins
- ☐ Demi baguettes
- ☐ Black beans
- ☐ Pinto beans
- ☐ Garbanzo beans
- ☐ White beans
- ☐ Tortilla chips

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.

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.

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 8/13/2026
OR	
◯ Signature (optional)	Date

MN TEFAP Annual Eligibility Form -

Order form # _____ of _____

SPACE NUMBER #

Where to put groceries

Trunk D backseat P Passenger