



NO PUBLIC RESTROOMS



ORDER FORM _____ of _____

of people in household _____

8/27/26

Milk & Eggs

☐ 1% Milk



☐ Eggs



☐ Cheese



Culturally specific items (pick 2)

☐ Soy sauce



☐ Hot sauce



☐ Grits

☐ Hominy

☐ Sardines



☐ Corn masa flour



☐ Coconut milk



Frozen

☐ Chicken



☐ Frozen apricots



☐ Butter



Canned goods

☐ Bonus canned item

☐ Pinto beans



☐ Spicy black beans

☐ Applesauce



☐ Garbanzo beans



☐ Black beans



☐ Pasta sauce



Produce

☐ Onions



☐ Plums



☐ Apples



☐ Potatoes



☐ Peppers



☐ Broccoli



☐ Sweet corn



☐ Cabbage



☐ Cantaloupe



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

☐ Mac & cheese



☐ Peanut butter



☐ Coffee k-cups



☐ Cookies



☐ Mayo



☐ Lentils



☐ Split green peas



☐ Red beans



Rice (pick 1)

☐ White rice



☐ Brown rice



Pasta Noodles (pick 1)

☐ Elbow noodles



☐ Spaghetti noodles



☐ Knorr pasta sides



☐ Cereal



Nuts (pick 1)

☐ Walnuts



☐ Pecans



☐ Almonds



☐ Raisins



☐ Black beans



☐ Pinto beans



☐ Garbanzo beans



☐ White beans



☐ Bread



☐ BBQ chips



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.

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 8/27/2026
OR	
☐ Signature (optional)	Date

MN TEFAP Annual Eligibility Form -

Order form # _____ of _____

SPACE NUMBER #

Where to put groceries

Trunk D backseat P Passenger