

# MENU

1. Record each meal that you claim by the end of the same day.
2. Sign, date and mail by the 2nd (due in office by the 4th).

**FOOD  
CHART**

Age: 1-3 3-6 6-12

**ES Dinner PMS Lunch AMS Breakfast**

<b>Breakfast</b>			
1. Juice,fruit,veg.	1/4 cup	1/2 cup	1/2 cup
2. Bread,grain or cereal	1/2 slice 1/4 cup	1/2 slice 1/3 cup	1 slice 3/4 cup
3. Fluid Milk	1/4 cup	3/4 cup	1 cup

<b>Lunch</b>			
1. Meat or protein alternate	1 oz.	1.5 oz.	2 oz.
2. Fruit or Veg.	1/4 cup	1/2 cup	3/4 cup
3. Fruit or Veg.	1/4 cup	1/2 cup	3/4 cup
4. Bread or grain	1/2 slice 1/4 cup	1/2 slice 1/3 cup	1 slice 3/4 cup
5. Fluid Milk	1/2 cup	3/4 cup	1 cup

<b>Dinner</b>			
1. Meat or protein alternate	1 oz.	1.5 oz.	2 oz.
2. Fruit or Veg.	1/4 cup	1/2 cup	3/4 cup
3. Fruit or Veg.	1/4 cup	1/2 cup	3/4 cup
4. Bread or grain	1/2 slice 1/4 cup	1/2 slice 1/3 cup	1 slice 3/4 cup
5. Fluid Milk	1/2 cup	3/4 cup	1 cup

<b>AM, PM, EVENING Snack</b>			
<b>(Choose 2 DIFFERENT food groups from the following:)</b>			
1. Juice, Fruit, Veg.	1/2 cup	1/2 cup	3/4 cup
2. Meat or protein	1/2 oz.	1/2 oz.	1 oz.
3. Bread, grain, or cereal	1/2 slice 1/4 cup	1/2 slice 1/3 cup	1 slice 1 cup
4. Fluid Milk	1/2 cup	1/2 cup	1 cup

Date:	Sun.	Date:	Mon.	Date:	Tues.	Date:	Wed.	Date:	Thurs.	Date:	Fri.	Date:	Sat.
1		1		1		1		1		1		1	
2		2		2		2		2		2		2	
3		3		3		3		3		3		3	
1		1		1		1		1		1		1	
2		2		2		2		2		2		2	
1		1		1		1		1		1		1	
2		2		2		2		2		2		2	
3		3		3		3		3		3		3	
4		4		4		4		4		4		4	
5		5		5		5		5		5		5	
1		1		1		1		1		1		1	
2		2		2		2		2		2		2	
3		3		3		3		3		3		3	
4		4		4		4		4		4		4	
5		5		5		5		5		5		5	
1		1		1		1		1		1		1	
2		2		2		2		2		2		2	

In addition, I certify that I am serving at least the minimum amounts of each required food as shown on the CACFP food chart, according to each age group, at each meal that I am claiming.

I certify that all of the information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that department officials may for cause, verify information, and deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of age, sex, religion, handicap, or national origin.

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date**

This institution is an equal opportunity provider.



