

# MENU

1. Record each meal that you claim by the end of the same day.
2. Place menu items in component slots for Brkf. Lnnch and Dnr.
3. Choose any two items from snack list(s) and fill in the slots.
4. Mark through any items not served and replace with items served. (No White out)
5. Sign, date and mail by the 2nd (due in office by the 4th).

**FOOD CHART**

Age: 1-3 3-6 6-12

<b>Breakfast</b>			
Juice,fruit,veg.	1/4 cup	1/2 cup	1/2 cup
Bread,grain or cereal	1/2 slice 1/4 cup	1/2 slice 1/3 cup	1 slice 3/4 cup
Fluid Milk	1/4 cup	3/4 cup	1 cup
<b>Lunch</b>			
Meat or meat alternate	1 oz.	1.5 oz.	2 oz.
Fruit or Veg.	1/4 cup	1/2 cup	3/4 cup
Fruit or Veg.	1/4 cup	1/2 cup	3/4 cup
Bread or grain	1/2 slice 1/4 cup	1/2 slice 1/3 cup	1 slice 3/4 cup
Fluid Milk	1/2 cup	3/4 cup	1 cup
<b>Dinner</b>			
Meat or meat alternate	1 oz.	1.5 oz.	2 oz.
Fruit or Veg.	1/4 cup	1/2 cup	3/4 cup
Fruit or Veg.	1/4 cup	1/2 cup	3/4 cup
Bread or grain	1/2 slice 1/4 cup	1/2 slice 1/3 cup	1 slice 3/4 cup
Fluid Milk	1/2 cup	3/4 cup	1 cup
<b>AM, PM, EVENING Snack</b> (Choose 2 DIFFERENT food groups from the following:)			
Juice, Fruit, Veg.	1/2 cup	1/2 cup	3/4 cup
Meat or protein	1/2 oz.	1/2 oz.	1 oz.
Bread, grain, or cereal	1/2 slice 1/4 cup	1/2 slice 1/3 cup	1 slice 1 cup
Fluid Milk	1/2 cup	1/2 cup	1 cup

	Sunday October 29, 2010	Monday October 30, 2010	Tuesday October 31, 2010	Wednesday November 1, 2010	Thursday November 2, 2010	Friday November 3, 2010	Saturday November 4, 2010
<b>ES Dinner PMS Lunch AMS Breakfast</b>	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.
	Grn.	Grn.	Grn.	Grn.	Grn.	Grn.	Grn.
	Milk	Milk	Milk	Milk	Milk	Milk	Milk
	M/M/A	M/M/A	M/M/A	M/M/A	M/M/A	M/M/A	M/M/A
	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.
	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.
	Gra.	Gra.	Gra.	Gra.	Gra.	Gra.	Gra.
	Milk	Milk	Milk	Milk	Milk	Milk	Milk
	M/M/A	M/M/A	M/M/A	M/M/A	M/M/A	M/M/A	M/M/A
	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.
	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.	F/Veg.
	Gra.	Gra.	Gra.	Gra.	Gra.	Gra.	Gra.
	Milk	Milk	Milk	Milk	Milk	Milk	Milk

Revised 10/15/10

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.

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.

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

\_\_\_\_\_  
 Date