

MENU PLAN

I understand that this information is true and correct in all respects; I understand that this information is being given in connection with the receipt of federal funds and that a deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Provider Signature _____

Date _____

Provider's Name _____

Month/Year _____

Phone Number _____

		Day _____ Date _____	Day _____ Date _____	Day _____ Date _____	Day _____ Date _____	Day _____ Date _____	
BREAKFAST	Fluid Milk						
	Fruit, vegetable, or full-strength juice						
	Cereal, bread or bread alternate						
	+ additional food (optional)						
A.M. SNACK	CHOOSE 2 OF THESE 4			DO NOT SERVE MILK AND JUICE TOGETHER FOR SNACK			
	Fluid Milk						
	Fruit, vegetable, or full-strength juice						
	Cereal, bread or bread alternate						
	Meat and/or alternate	DO NOT SERVE TWO FOODS FROM THE SAME FOOD CATEGORY TOGETHER					
LUNCH	Fluid Milk						
	Meat and/or alternate						
	Bread or equivalent						
	Vegetable or fruit						
	Vegetable or fruit						
	+ additional food (optional)						
P.M. & OR EVE. SNACK	CHOOSE 2 OF THESE 4	P.M. SNACK	EVE. SNACK	DO NOT SERVE MILK AND JUICE TOGETHER FOR SNACK		P.M. SNACK	EVE. SNACK
	Fluid Milk						
	Fruit, vegetable, or full-strength juice						
	Cereal, bread or bread alternate						
	Meat and/or meat alternate	DO NOT SERVE TWO FOODS FROM THE SAME FOOD CATEGORY TOGETHER					
DINNER	Fluid Milk						
	Meat and/or meat alternate						
	Bread or equivalent						
	Vegetable or fruit						
	Vegetable or fruit						
	+ additional food (optional)						