

Infant Menu Plan – 0-7 months

Month and Year: _____ Provider's Name: _____

Infant's Name: _____ Age: _____ Date of Birth: _____ Infant's Name: _____ Age: _____ Date of Birth: _____

Name of formula used: _____ Contains iron? Y or N _____ Name of formula used: _____ Contains iron? Y or N _____

Dr.'s statement? Y / N _____ Parent provides formula? Y / N _____ (If Yes, send in PPF form) Dr.'s statement? Y / N _____ Parent provides formula? Y / N _____ (If Yes, send in PPF form)

I certify 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.

_____(Signature) USDA and the NSD are equal opportunity providers and employers.

	Food Components	Day: Date:	Day: Date:	Day: Date:	Day: Date:	Day: Date:
Breakfast	Breast milk or iron-fortified, fluid infant formula					
	Infant cereal – must be iron-fortified dry cereal (optional)					
AM Snack	Breast milk or iron-fortified, fluid infant formula					
Lunch	Breast milk or iron-fortified, fluid infant formula					
	Infant cereal – must be iron-fortified dry cereal (optional)					
	Fruit and/or vegetable (optional) - does not include juice					
PM Snack	Breast milk or iron-fortified, fluid infant formula					
Dinner	Breast milk or iron-fortified, fluid infant formula					
	Infant cereal – must be iron-fortified dry cereal (optional)					
	Fruit and/or vegetable (optional) - does not include juice					
Evening Snack	Breast milk or iron-fortified, fluid infant formula					

*** Do not put cereal or any other solid food in a bottle or infant feeder. Do not prop bottle.**