

MENU FORM

Return green copy of monthly with your meal count form.


























White – Provider Copy

Provider Name _____

Provider Number _____

 Physician Statement YES ☐ NO ☐ Month _____

Reminder: Claim no more than three meals per day per child, one of which must be a snack.

B R E A K F A S T	CALENDAR DATE							
								
								
								
	Additional Food							
AM	Select 2 of these 4:    							
L U N C H								
								
								
								
								
	Additional Food							
PM	Select 2 of these 4:    							
S U P P E R								
								
								
								
								
	Additional Food							
EVE	Select 2 of these 4:    							

For office use only

Menu Minder #							
---------------	--	--	--	--	--	--	--



= fluid milk



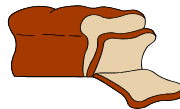
= meat and/or meat alternate



= fruit or vegetable



= fruit or vegetable



= grain/bread

- Do not serve milk and juice together at snack.
- For snacks, choose two foods, each from different food groups. (Fruits and vegetables are in the same food group.)

Acceptable Abbreviations:

HM = Homemade

Main Dish: Record the name of the combination food (casserole, stew, soup, pizza, etc.). Record ingredients that are served in sufficient quantities to meet CACFP meal pattern requirements opposite the appropriate menu component. The maximum number of components that a main dish can meet is **TWO**: a meat/meat alternate, one vegetable or fruit or the grain/bread equivalent.

Do not serve frankfurters (hot dogs), grapes, nuts, nut butters, dried fruit to children under the age of three (3) due to the risk of choking.