

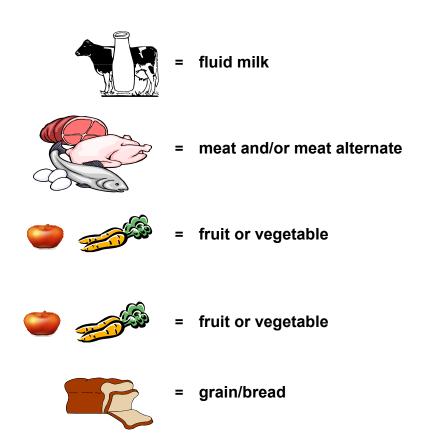
MENU FORM

Return green copy of monthly with your meal count form. White – Provider Copy

	Provider Name	
	Provider Number	
4	VES D NO D	Mandh

Physician Statement YES ☐ NO ☐ Month_ Reminder: Claim no more than three meals per day per child, one of which must be a snack. В **CALENDAR DATE** R Ε Α Κ F Α s Т **Additional Food** Select 2 of these 4: ΑM U N С Н **Additional Food** Select 2 of these 4: PΜ 👣 😭 🎉 🛷 S U Ρ Р Ε R **Additional Food** Select 2 of these 4: EVE

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of racem color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800)795-3272 or (202) 720-6382 (TTY). USDA is an equal Opportunity provider and employer.



- 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.