Infant Meal Record **Provider's Name: (print)**____________________________

I certify that the information of this form is true and correct to the best of my knowledge. Provider Signature: ____________________________

Infant's Name: ____________________________ **Age:** ________________ **Date of Birth:** ________________

Check one:

______ **I provide formula** ______ **Parent provides breastmilk** ______ **Parent provides formula** **Formula Brand:** ________________

NOTE: Enrollment and Formula Documentation Form must be on file at CNS to claim this infant. Low-iron formula is not reimbursed without a doctor's prescription.

Age	Formula or Breast Milk	I.F. I. Cereal	Vegetable or Fruit	Formula or Breast Milk Fruit Juice*	Bread or Cracker	Formula or Breast Milk	Vegetable or Fruit	I.F. I. Cereal or Meat	Formula or Breast Milk Fruit Juice*	Bread or Cracker	Formula or Breast Milk	Vegetable or Fruit	I.F. I. Cereal or Meat	Formula or Breast Milk Fruit Juice*	Bread or Cracker
0 – 3 months	4-6 oz.			4-6 oz.		4-6 oz.			4-6 oz.		4-6 oz.			4-6 oz.	
4-7 months	4-8 oz.	0-3 T. (optional)	0-3 T. (optional)	4-6 oz.		4-8 oz.	0-3 T. (optional)	0-3 T. (optional)	4-6 oz.		4-8 oz.	0-3 T. (optional)	0-3 T. (optional)	4-6 oz.	
8-12 months	6-8 oz.	2-4 T.	1-4 T	2-4 oz.	0-1/2 slice 0-2 cracker	6-8 oz.	1-4 T.	2-4 T	2-4 oz.	0-1/2 slice 0-2 cracker	6-8 oz.	1-4 T.	2-4 T	2-4 oz.	0-1/2 slice 0-2 cracker
Date	**Breakfast**			**AM Snack**		**Lunch**			**PM Snack**		**Dinner**			**BT Snack**	

*Infant may have 100% juice at <u>snack only</u> when 8 months or older.

Milk (whole, 2% or skim) not creditable until 1 year of age.