

Month \_\_\_\_\_ Provider Name: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

One **Whole Grain** required each day. Mark **WG** daily. All **milk** served is **1%** or **skim** *Circle Choice*

A **Meat/meat alternate** MAY be served in place of the grain/bread at breakfast up to 3 times/week. 100% Juice only 1 time daily.

PATTERN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Breakfast</b>							
Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk
Fruit or Vegetable							
Grains and breads							
Other foods							
<b>A.M. Snack - 2 items</b> From a combination of the 5 different food groups							
<b>Lunch</b>							
Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk
Meat or meat alternate							
Vegetable							
Vegetable or Fruit							
Grains and breads							
Other foods							
<b>P.M. Snack - 2 items</b> From a combination of the 5 different food groups							
<b>Dinner</b>							
Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk
Meat or meat alternate							
Vegetable							
Vegetable or Fruit							
Grains and breads							
Other foods							
<b>BT Snack - 2 items</b> From a combination of the 5 different food groups							

I certify that the information on this form is true and correct to the best of my knowledge. I understand this information is being given in connections with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Provider's Signature \_\_\_\_\_