

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 |
|---|--------|---------|-----------|----------|--------|
| Breakfast/Milk | Milk | Milk | Milk | Milk | Milk |
| Fruit or Vegetable | | | | | |
| Grains and breads | | | | | |
| Other foods | | | | | |
| A.M. Snack - 2 items From a combination of the 5 different food groups | | | | | |
| Lunch/Milk | Milk | Milk | Milk | Milk | Milk |
| Meat or meat alternate | | | | | |
| Vegetable | | | | | |
| Vegetable or Fruit | | | | | |
| Grains and breads | | | | | |
| Other foods | | | | | |
| P.M. Snack - 2 items From a combination of the 5 different food groups | | | | | |

| PATTERN | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|--------|---------|-----------|----------|--------|
| Breakfast/Milk | Milk | Milk | Milk | Milk | Milk |
| Fruit or Vegetable | | | | | |
| Grains and breads | | | | | |
| Other foods | | | | | |
| A.M. Snack - 2 items From a combination of the 5 different food groups | | | | | |
| Lunch/Milk | Milk | Milk | Milk | Milk | Milk |
| Meat or meat alternate | | | | | |
| Vegetable | | | | | |
| Vegetable or Fruit | | | | | |
| Grains and breads | | | | | |
| Other foods | | | | | |
| P.M. Snack - 2 items 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 connection with the acceptance of Federal Funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Provider's Signature _____