

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

One **Whole Grain** required each day. Mark **WG** daily. All **milk** served is **1%** or **skim** or **whole milk** *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 may Sub Meat up to 3 x/wk							
Other foods							
<b>A.M. Snack</b> - 2 items 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</b> - 2 items 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</b> - 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 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** \_\_\_\_\_