

Month _____ Provider Name: _____ Dates: _____ to _____

One **Whole Grain** required each day. Mark **WG** daily. All **milk** served is **1%** or **skim** *Circle Choice* **WHOLE** 2%

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
Breakfast Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk
Fruit or Vegetable							
Grains and breads may Sub Meat up to 3 x/wk							
Other foods							
A.M. Snack - 2 items From a combination of the 5 different food groups							
Lunch Milk	Milk	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							
Dinner Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk
Meat or meat alternate							
Vegetable							
Vegetable or Fruit							
Grains and breads							
Other foods							
BT 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 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 _____