Month _____ Provider Name: _____ Dates: _____ to _____

One **Whole Grain** required each day. Mark **WG** daily. All **milk** served is skim 1% 2% **whole milk** Circle choice(s)

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, may sub meat up to 3x/wk					
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, may sub meat up to 3x/wk					
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 _____