

Cycle Months: \_\_\_\_\_ Year: \_\_\_\_\_ 100% Juices: \_\_\_\_\_ Cereals: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

Week 1 2 3 4

Begin Dates: 

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Meal	Food Groups	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>BREAKFAST</b>	Fruit or Vegetable							
	Bread/Alternate							
	Meat Optional							
	Fluid Milk Required	Milk	Milk	Milk	Milk	Milk	Milk	Milk
<b>LUNCH</b>	Meat/Alternate							
	Bread/Alternate							
	Vegetable							
	Fruit/Vegetable							
	Fluid Milk Required	Milk	Milk	Milk	Milk	Milk	Milk	Milk
<b>SUPPER</b>	Meat/Alternate							
	Bread/Alternate							
	Vegetable							
	Fruit/Vegetable							
	Fluid Milk Required	Milk	Milk	Milk	Milk	Milk	Milk	Milk
<b>SNACK AM PM EV</b>	Meat/Alternate							
	Bread/Alternate							
	Fruit							
	Vegetable							
	Fluid Milk							
<b>SNACK AM PM EV</b>	Meat/Alternate							
	Bread/Alternate							
	Fruit							
	Vegetable							
	Fluid Milk							

*When substituting, all meal components must be documented on the back of this form. Children 1-2 years should receive whole milk. Children 2 years and older should receive 1% or skim milk. Youth & Family Services is an equal opportunity provider.*