

I certify the information is true and correct	Provider signature			Provider ID	
Calendar Date:					
<b>Breakfast (B)</b>					
Milk					
Fruit/Vegetable					
Bread/Grains					
Optional					
<b>A.M. Snack (AM)</b>					
Choose 2 of 4:					
Milk/Fruit,Veg					
Meat/Grain					
<b>Lunch (L)</b>					
Main Dish (optional)					
Milk					
Meat/Meat Alternate					
Fruit/Vegetable					
Fruit/Vegetable					
Bread/Grains					
Optional					
<b>P.M. Snack (PM)</b>					
Choose 2 of 4:					
Milk/Fruit,Veg					
Meat/Grain					
<b>Supper (S)</b>					
Main Dish (optional)					
Milk					
Meat/Meat Alternate					
Fruit/Vegetable					
Fruit/Vegetable					
Bread/Grains					
Optional					
<b>Evening Snack (E)</b>					
Choose 2 of 4:					
Milk/Fruit,Veg					
Meat/Grain					
<b>Cereals:</b>		<b>Juices:</b>		<b>Crackers:</b>	