

MENU FORM

Child and Adult Care Food Program

Monday	Tuesday	Wednesday	Thursday	Friday
<p>Breakfast</p> <p>F/V: _____</p> <p>G/B: _____</p> <p>Milk: _____</p> <p>Other: _____</p>	<p>Breakfast</p> <p>F/V: _____</p> <p>G/B: _____</p> <p>Milk: _____</p> <p>Other: _____</p>	<p>Breakfast</p> <p>F/V: _____</p> <p>G/B: _____</p> <p>Milk: _____</p> <p>Other: _____</p>	<p>Breakfast</p> <p>F/V: _____</p> <p>G/B: _____</p> <p>Milk: _____</p> <p>Other: _____</p>	<p>Breakfast</p> <p>F/V: _____</p> <p>G/B: _____</p> <p>Milk: _____</p> <p>Other: _____</p>
<p>Lunch</p> <p>M/MA: _____</p> <p>F/V 1: _____</p> <p>F/V 2: _____</p> <p>G/B: _____</p> <p>Milk: _____</p> <p>Other: _____</p>	<p>Lunch</p> <p>M/MA: _____</p> <p>F/V 1: _____</p> <p>F/V 2: _____</p> <p>G/B: _____</p> <p>Milk: _____</p> <p>Other: _____</p>	<p>Lunch</p> <p>M/MA: _____</p> <p>F/V 1: _____</p> <p>F/V 2: _____</p> <p>G/B: _____</p> <p>Milk: _____</p> <p>Other: _____</p>	<p>Lunch</p> <p>M/MA: _____</p> <p>F/V 1: _____</p> <p>F/V 2: _____</p> <p>G/B: _____</p> <p>Milk: _____</p> <p>Other: _____</p>	<p>lunch</p> <p>M/MA: _____</p> <p>F/V 1: _____</p> <p>F/V 2: _____</p> <p>G/B: _____</p> <p>Milk: _____</p> <p>Other: _____</p>
<p>Snack (Serve 2 of these 4 components)</p> <p>M/MA: _____</p> <p>F/V: _____</p> <p>G/B: _____</p> <p>Milk: _____</p>	<p>Snack (Serve 2 of these 4 components)</p> <p>M/MA: _____</p> <p>F/V: _____</p> <p>G/B: _____</p> <p>Milk: _____</p>	<p>Snack (Serve 2 of these 4 components)</p> <p>M/MA: _____</p> <p>F/V: _____</p> <p>G/B: _____</p> <p>Milk: _____</p>	<p>Snack (Serve 2 of these 4 components)</p> <p>M/MA: _____</p> <p>F/V: _____</p> <p>G/B: _____</p> <p>Milk: _____</p>	<p>Snack (Serve 2 of these 4 components)</p> <p>M/MA: _____</p> <p>F/V: _____</p> <p>G/B: _____</p> <p>Milk: _____</p>

M/MA: Meat/Meat Alternate

F/V: Fruit/Vegetable

G/B: Grain/Bread

Other: Additional items served but not necessary to meet meal pattern requirements