

\*Write "WG" by each whole grain component served  
 \*Write name of breakfast cereal & flavor of yogurt when served  
 \* Milk Substitute (Request form approved & in office)  
 Brand of soy milk: \_\_\_\_\_

# MENU



**NUTRITION FIRST**

P.O. Box 2316  
 Salem, OR 97308-2316  
 (503) 581-7563 or 1-800-288-6368

"This institution is an equal opportunity provider"

\*Milk Key / Legend:

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Name: \_\_\_\_\_

Month: \_\_\_\_\_

		DATE:	DATE:	DATE:	DATE:	DATE:
<b>Breakfast</b>	Fruit/Veg					
	Time served					
	Milk					
<b>AMS</b>						
	Time					
<b>Lunch</b>	Meat/Alt					
	Time served					
	Vegetable					
	Fruit/Veg					
	Grains					
	Milk					
<b>PMS</b>						
	Time					
<b>Dinner</b>	Meat/Alt					
	Time served					
	Vegetable					
	Fruit/Veg					
	Grains					
<b>LNS</b>	Milk					
	Time					

NOTE: Please write "HM" next to homemade soups, stews, casseroles, etc. The information submitted is accurate in all respects. I understand that this information is given in connection with the receipt of Federal funds and that deliberate misrepresentation may result in State or Federal Prosecution.

I certify all grain products served are enriched or whole grain-rich  
 \*Please check box

Please sign and date: \_\_\_\_\_