

*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:
Breakfast	Fruit/Veg					
	Time served _____	Grains/Meat				
		Milk				
AMS						
Time _____						
Lunch	Meat/Alt					
	Time served _____	Vegetable				
		Fruit/Veg				
		Grains				
		Milk				
PMS						
Time _____						
Dinner	Meat/Alt					
	Time served _____	Vegetable				
		Fruit/Veg				
		Grains				
		Milk				
LNS						
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 sign and date: _____

*Please check box