

* Write name of cereal & flavor of yogurt when served
 * Food and formula supplied by parent must be identified with "PS" next to each component that is supplied by parent
 Provider Supplied - No symbol needed



Nutrition First
 P.O. Box 2316
 Salem OR 97308-2316
 503-581-7563 or 1-800-288-6368

INFANT MENU

"This institution is an equal opportunity provider"

Infant's Name _____ Date of birth _____ Formula Name _____

		DATE:	DATE:	DATE:	DATE:	DATE:
Breakfast	Protein/ Inf Cereal					
	Fruit/Veg					
	Formula/Breastmilk					
AMS	Formula/Breastmilk					
	Fruit/Veg					
	Grain					
Lunch	Protein/ Inf Cereal					
	Fruit/Veg					
	Formula/Breastmilk					
PMS	Formula/Breastmilk					
	Fruit/Veg					
	Grain					
Dinner	Protein/ Inf Cereal					
	Fruit/Veg					
	Formula/Breastmilk					
LNS	Formula/Breastmilk					
	Fruit/Veg					
	Grain					

Age of Infant	Breakfast	Lunch and Dinner	Snack
Birth through 5 months	4-6 fl oz breastmilk or formula	4-6 fl oz breastmilk or formula	4-6 fl oz breastmilk or formula
6 months through 11 months (until 1st birthday)	*6-8 fl oz breastmilk or formula; and *0-4 Tbsp infant cereal, meat, fish, poultry, whole egg, cottage cheese, cooked dry beans and split peas, or 0-2 oz cheese, or 0-8 oz yogurt, or a combination of the above; and *0-2 Tbsp vegetable or fruit, or a combination of both	*6-8 fl oz breastmilk or formula; and *0-4 Tbsp infant cereal, meat, fish, poultry, whole egg, cottage cheese, cooked dry beans and split peas, or 0-2 oz cheese, or 0-8 oz yogurt, or a combination of the above; and *0-2 Tbsp vegetable or fruit, or a combination of both	*2-4 fl oz breastmilk or formula; and *0-1/2 slice bread, or 0-2 crackers, or 0-4 Tbsp infant cereal or ready to eat breakfast cereal; and *0-2 Tbsp vegetable or fruit or a combination of both

*I certify that this infant is being offered the required amounts of breastmilk and/or formula, and solid foods when developmentally ready according to the Infant Meal Pattern Requirements listed above.

*The information submitted is accurate in all respects. I understand that this is given in connection with the receipt of Federal funds and that deliberate misrepresentation may result in State or Federal prosecution.

Please Sign and Date _____