

**NORTHWEST NUTRITION SERVICE DAILY INFANT MENU FORM**

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**Provider Name:** \_\_\_\_\_ **Acct#:** \_\_\_\_\_ **Month :** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Infant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Name of Formula:** \_\_\_\_\_

0-5 Months	6-11 Months	Date:	Date:	Date:	Date:	Date:
<b>Breakfast</b> 4 - 6 oz. BM or iron fortified formula	<b>Breakfast</b> 6-8 oz. BM or Iron Fortified formula	EB      Formula PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF
	0-4 Tbsp. Infant cereal, meat or meat alternate*					
	0-2 Tbsp. vegetable, fruit or both*					
<b>AM Snack</b> 4-6 oz. BM or iron fortified formula	<b>AM Snack</b> 2-4 oz. BM or Iron fortified formula	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF
	0-1/2 bread slice, or 0-2 cracker or 0-4 Tbsp. infant cereal or ready to eat cereal*					
	0-2 Tbsp. vegetable, fruit or both*					
<b>Lunch</b> 4-6 oz. BM or iron fortified formula	<b>Lunch</b> 6-8 oz. BM or Iron fortified formula	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF
	0-4 Tbsp. Infant cereal, meat or meat alternate*					
	0-2 Tbsp. vegetable, fruit or both*					
<b>PM Snack</b> 4-6 oz. BM or iron fortified formula	<b>PM Snack</b> 2-4 oz. BM or Iron Fortified formula	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF
	0-1/2 bread slice, or 0-2 cracker or 0-4 Tbsp. infant cereal or ready to eat cereal*					
	0-2 Tbsp. vegetable, fruit or both*					
<b>Dinner</b> 4-6 oz. BM or iron fortified formula	<b>Dinner</b> 6-8 oz. BM or Iron fortified formula	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF
	0-4 Tbsp. Infant cereal, meat or meat alternate*					
	0-2 Tbsp. vegetable, fruit or both					
<b>Late Snack</b> 4-6 oz. BM or iron fortified formula	<b>Late Snack</b> 2-4 oz. BM or Iron fortified formula	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF	EB      FORMULA PS      BF
	0-1/2 bread slice, or 0-2 cracker or 0-4 Tbsp. infant cereal or ready to eat cereal*					
	0-2 Tbsp. vegetable, fruit or both					

**\*CIRCLE TYPE OF BREAST MILK OR FORMULA SERVED.**

Record if the infant is receiving formula or breast milk. **Optional:** if receiving expressed breastmilk Circle "EB", or is breastfed on-site circle "BF" for each meal/snack. If solid foods are offered, record actual food offered for each meal/snack (examples: peaches, green beans, rice cereal). Designate food and/or formula supplied by parent/guardian for each meal/snack as parent supplied, "PS". Example: "PS, peaches". **Note: parent/guardian may only supply one component of each meal/snack, when the infant is developmentally ready for solid foods.**

This institution is an equal opportunity provider.