

NORTHWEST NUTRITION SERVICE P.O. BOX 68365 MILWAUKIE, OREGON 97268 (503) 653-7626 FAX (503) 653-1484
DAILY MENU FORM (Use also for substitutions for MASTER MENU MEAL COUNT FORM)

PROVIDER NAME: _____ **MENU MONTH:** _____ **YEAR:** _____

PLEASE DO NOT SKIP COLUMNS

1-2yrs	3-5yrs	6-12yrs	MEALS	DATE:	DATE:	DATE:	DATE:	DATE:
MINIMUM SERVINGS			BREAKFAST					
1/2 CUP	3/4 CUP	1 CUP	WM 1% FF					
1/4 CUP	1/2 CUP	1/2 CUP	Vegetable, fruit or both					
1/2 SLICE	1/2 SLICE	1 SLICE	Bread					
MINIMUM SERVINGS			AM SNACK					
1/2 CUP	1/2 CUP	1 CUP	WM 1% FF					
1/2 OZ	1/2 OZ	1 OZ	Meat or meat alternate					
1/2 CUP	1/2 CUP	3/4 CUP	Vegetable or fruit					
1/2 SLICE	1/2 SLICE	1 SLICE	Bread					
MINIMUM SERVINGS			LUNCH					
1/2 CUP	3/4 CUP	1 CUP	WM 1% FF					
1 OZ	1 1/2 OZ	2 OZ	Meat or meat alternate					
1/8 CUP	1/4 CUP	1/4 CUP	Fruit /Vegetable					
1/8 CUP	1/4 CUP	1/2 CUP	Vegetable					
1/2 SLICE	1/2 SLICE	1 SLICE	Bread					
MINIMUM SERVINGS			PM SNACK					
1/2 CUP	1/2 CUP	1 CUP	WM 1% FF					
1/2 OZ	1/2 OZ	1 OZ	Meat or meat alternate					
1/2 CUP	1/2 CUP	3/4 CUP	Vegetable or fruit					
1/2 SLICE	1/2 SLICE	1 SLICE	Bread					
MINIMUM SERVINGS			DINNER					
1/2 CUP	3/4 CUP	1 CUP	WM 1% FF					
1 OZ	1 1/2 OZ	2 OZ	Meat or meat alternate					
1/8 CUP	1/4 CUP	1/4 CUP	Fruit /Vegetable					
1/8 CUP	1/4 CUP	1/2 CUP	Vegetable					
1/2 SLICE	1/2 SLICE	1 SLICE	Bread					
MINIMUM SERVINGS			LATE SNACK					
1/2 CUP	1/2 CUP	1 CUP	WM 1% FF					
1/2 OZ	1/2 OZ	1 OZ	Meat or meat alternate					
1/2 CUP	1/2 CUP	3/4 CUP	Vegetable or fruit					
1/2 SLICE	1/2 SLICE	1 SLICE	Bread					

*Meat and meat alternates may be used to substitute the entire grains component a maximum of three (3) times per week at breakfast.

*SNACKS-Select 2 of the 5 components

*For bread, must indicate whole grain with "WG"

This institution is an equal opportunity provider.

KEY:

WM = WHOLE MILK FF = SKIM OR FAT FREE MILK
 1% = 1% MILK OZ EQ = OUNCE EQUIVALENTS