

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: _____

1-2yrs	3-5yrs	6-12yrs	MEALS	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

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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					

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