

NORTHWEST NUTRITION SERVICE DAILY MASTER MENU MEALCOUNT FORM

Received: _____

Print Name: _____ Signature: _____ Acct#: _____ Phone: _____ Claim Month: _____ Year: _____
 Mail to P.O. Box 68365 Milwaukie Oregon 97268 (503) 653-7626 or Fax: (503) 653-1484 or email: information@nwnutritionsservice.com.

I certify 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.

"X" Non-School		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Indicate Master Menu Number Used. S=Substitution Write substitution Office Use Only			
Breakfast																																				
AM Snack																																				
Lunch																																				
PM Snack																																				
Dinner																																				
Late Snack																																				
First/last name	B																																		B	
	L																																		L	
Milk	D																																		D	
	AM																																		AM	
Age:	PM																																		PM	
	LS																																		LS	
Relative: <input type="checkbox"/>																																				
First/last Name	B																																		B	
	L																																		L	
Milk:	D																																		D	
	AM																																		AM	
Age:	PM																																		PM	
	LS																																		LS	
Relative: <input type="checkbox"/>																																				
First/last Name	B																																		B	
	L																																		L	
Milk :	D																																		D	
	AM																																		AM	
Age:	PM																																		PM	
	LS																																		LS	
Relative: <input type="checkbox"/>																																				

1 Year thru 23 months whole milk= WM

2 thru 12 years =1%, Fat Free

6 Weeks thru 11 months= formula w/iron

Monitor: _____

Review Date: _____