

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:
Breakfast 4 - 6 oz. BM or iron fortified formula	Breakfast 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*					
AM Snack 4-6 oz. BM or iron fortified formula	AM Snack 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*					
Lunch 4-6 oz. BM or iron fortified formula	Lunch 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*					
PM Snack 4-6 oz. BM or iron fortified formula	PM Snack 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*					
Dinner 4-6 oz. BM or iron fortified formula	Dinner 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					
Late Snack 4-6 oz. BM or iron fortified formula	Late Snack 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.