



## Northwest Nutrition Service, Inc. Instructions Using The Delete Form

**Step 1:** Record your Northwest Nutrition Service account number.

**Step 2:** Record your last and first name.

**Step 3:** If using the online system record the day care child's number.

**Step 4:** Record day care child's last name and first name.

**Step 5:** Record the last day child attended your daycare.

**Step 6: Completed Forms must be in the office By The 5th**

- **Mail:** Northwest Nutrition Service. P.O. Box 68365 Milwaukie, Oregon 97268.
- **Email:** [information@nwnutritionservice.com](mailto:information@nwnutritionservice.com)
- **Fax:** (503)-653-1484
- **Drop Box:** Located in front of our office.

**P.O. Box 68365 Milwaukie, Oregon 97268  
(503) 653-7626 or 1-800-600-6058 Fax: (503) 653-1484**

**[www.nwnutritionservice.com](http://www.nwnutritionservice.com)**

**e-mail: [information@nwnutritionservice.com](mailto:information@nwnutritionservice.com)**

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# Northwest Nutrition Service, Inc.

## Instructions Using The State Federal Holiday Form

**Step 1:** If you are using the online system record the day care child's number in the "child #" box.

**Step 2:** Record the day care child's name and age.

**Step 3:** Record the date and name of holiday.

**Step 4:** Have parent's sign the State/Federal Holiday Form.

**Step 6:** Record your name, account number, signature and date.

**Step 7: Completed Forms must be in the office By The 5th**

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# Northwest Nutrition Service State/Federal Holiday Form

In order to receive reimbursement for State/Federal Holidays, this form must be completed and sent in with the corresponding menu. Parents signature is required ONLY for the State/Federal Holidays listed below.

New Years Day      Memorial Day      Columbus Day      Christmas Day  
 Martin Luther King Day   Independence Day      Veterans Day      Easter Day  
 Presidents Day      Labor Day      Thanksgiving Day

Child # <small>(if, online)</small>	Child Name and Age	DATE and NAME of Holiday	Parent's Signature <i>For State/Federal Holidays Only</i>
	David Chen 8 years	1/1/16    New Years Day	<i>Hai Chen</i>

I hereby state that the above information is true and accurate:

Provider Name : Kim Thames      Acct.#: 0000  
 Provider Signature: *Kim Thames*      Date: 1/1/16

Northwest Nutrition Service  
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# Northwest Nutrition Service, Inc.

## Instructions Using The Enrollment Form

**Step 1:** Record your name (not day care name) and account number.

**Step 2:** Check yes or no for home school. Note: include a letter of approval from the school district in which the child resides with a start date.

**Step 3:** Record the Racial or Ethnic Identity. This information is optional for the parent or guardian to complete; our agency is required to obtain this information. If parent or guardian is unwilling to complete you as the day care provider may complete this section or we as an agency may come out and make an observation and complete the section.

**Step 4:** Record child's first and last name and birthdate.

**Step 5:** Record normal arrival and departure times and normal days in care as well as meals.

**Step 6:** If the day care child is under 12 months of age; record the formula that will be provided by the daycare provider. Then record whether you accept or decline.

**Step 7:** Record any allergies to foods or milk. Please call our office for a medical form if your child is allergic to milk or any foods. We will send you out a form for a medical person to complete. Please have your day care provider send in the medical form with the enrollment form.

**Step 8:** Please complete the parent/guardian information. Record name, signature, date, street address, apartment number (if applicable) city, state and zip code, work phone, home phone and cell phone.

**Note:** Enrollments with missing or information will be returned. Please right legibly.

**Step 9: Completed Forms must be in the office By The 5th**

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# Northwest Nutrition Service Child Enrollment Form

P.O. Box 68365 Milwaukie, Oregon 97268  
(503) 653-7626 or 1-800-600-6058 Fax: (503) 653-1484

email: [information@nwnutritionservice.com](mailto:information@nwnutritionservice.com) www.nwnutritionservice.com

This information will be treated confidentially and only for eligibility determination and verification of data for the Child and Adult Care Food Program.

Name of Daycare Provider (Not Name of Daycare): Kim Thames Acct.#: 0000

Home Schooled yes no. Include approval letter with start date from the school district in which the child resides.

**RACIAL OR ETHNIC IDENTITY (not required) Please check your child's racial ethnic identity. Mark one ethnic identity:**

Hispanic or Latino  American Indian & Native Alaskan  Black or African American  Asian  
 Not Hispanic or Latino  Native Hawaiian or Other Pacific Islander  White  Other

This form must be filled out by the parent/guardian only. Missing information will invalidate this form.

Children's Names Please Print	Birthdate	Normal Hours in Care		Normal Meals and Days in Care							
		Arrival time	Departure time	Normal Meals While in Care							
First Adam	5/6/15	5:30	9:30	Breakfast	Am Snack	Lunch	Pm Snack	Dinner	Late Snack		
Last Smith				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Check if Relative..... <input type="checkbox"/>		Time	Time	Normal Days of the Week in Attendance							
		<input checked="" type="checkbox"/> Am <input type="checkbox"/> Pm	<input type="checkbox"/> Am <input checked="" type="checkbox"/> Pm	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check if Relative..... <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check if Relative..... <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check if Relative..... <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Infant Formula Selection:** Complete if any child listed is an infant under one year of age.

This provider supplies Enfamil List brand of formula iron fortified infant formula.

Check one:  I accept the provider supplied formula.  I decline the provider supplied formula.

I understand that by declining the provider supplied formula, I agree to provide breast milk or formula for my child.

If I provide formula it must be on the approved formula list for the provider to be reimbursed for the meal.

**Allergies:** List your child's allergies to any foods and/or milk. Call our office for a medical form.

List Allergies: \_\_\_\_\_

I understand my child will receive meals at no extra charge when they are in care during any of the scheduled meal services. I wish to enroll my child/children whose enrollment information is given above in the Child and Adult Care Food Program. This program reimburses day care providers for serving nutritious well balanced meals to all daycare children.

Parent/Guardian Name (please print) Marlene and Robert Smith Parent/Guardian Signature Mar Smith Date (Parent must date this form to be valid) 1/2/16

Street Address 2222 SE Abbott Lane Apt. Number A32 City Portland State Oregon Zip Code 97266

Work phone: 503-333-4444 Home phone: 503-222-3333 Cell phone: 503-444-5555

Reimbursement for child/children will begin on the first day of the month in which this form has been dated) Enrollments and Home School approval letters are valid for one year and must be renewed annually and are the responsibility of the Provider and Parent.

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**Northwest Nutrition Service, Inc.**  
**Instructions Using The Attendance In/Out Log**

**Step 1:** Record your name, month, year, daycare child's name and age.

**Step 2:** Record actual time in and out.

**Step 3:** Record all snacks and meals served.

**Step 4.** Have daycare parent's or guardian sign the **Attendance In/Out Log**.

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# Northwest Nutrition Service, Inc.

## Instructions Using The Daily Meal Count Form

### Step 1: Provider Information:

Complete the top section with your name, signature, account number, phone number, claim month, and year.

### Step 2. Non-School Days:

"X" any non-school days that you provide care and are claiming meals and or snacks.

### Step 3: Record Enrolled Daycare Children:

List the first and last name and age for each daycare child and your own if eligible.

List type of Milk or Milk alternate served Example:( WM= Whole Milk, FF=Fat free, 1%=1% Milk)

If you are a DHS provider, check the box marked "Relative" if the daycare child is related to you.

### Step 4: Record Meals And Snacks Claiming:

"X" meals and or snacks that you are claiming. You may claim up to 2 meals and 1 snack or 2 snacks and 1 meal.

Meals are listed on the top section as B L D. B=Breakfast, L=Lunch, D=Dinner.

The bottom section lists the snacks. AM=Morning Snack, PM=Afternoon Snack, LS=Evening Snack.

**DO NOT "X" EVERY MEAL AND OR SNACK YOU SERVE IF IT IS OVER THE 2 MEALS AND 1 SNACK OR 2 SNACKS AND 1 MEAL LIMIT. THERE SHOULD ONLY BE A TOTAL OF 3 "X's" FOR EACH CHILD EACH DAY.**

If you claim more than a total of 3 meals/snacks allowed; you will NOT BE PAID for that child.

We are not allowed to "pick" which meals/snacks to pay.

\* See Example Provided.

### Step 5: Completed Forms must be in the office By The 5th:

- Mail: Northwest Nutrition Service, P.O. Box 68365 Milwaukie, Oregon 97268.
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Print Name: SARA SMITH Signature: \_\_\_\_\_ Acct#: 7985 Phone: (503)760-3985 Claim Month: OCTOBER Year: 2017  
 Records due by the 5th: Mail to P.O. Box 68365 Milwaukie Oregon 97268 (503) 653-7626 or Fax: (503) 653-1484 or email: [information@mwnutritionsservice.com](mailto:information@mwnutritionsservice.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 Days	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	Office Use Only	
First/Last Name Tommy Smith	B	X																															B
Milk 1% Age: 5y Relative: <input type="checkbox"/>	L	X																															L
First/Last Name Avery Smith	D																																D
Milk WM Age: 1Y Relative: <input type="checkbox"/>	AM	X																															AM
First/Last Name Sara Black	PM																																PM
Milk Age: Relative: <input type="checkbox"/>	LS																																LS
First/Last Name	B																																B
Milk Age: Relative: <input type="checkbox"/>	L																																L
First/Last Name	D																																D
Milk Age: Relative: <input type="checkbox"/>	AM																																AM
First/Last Name	PM																																PM
Milk Age: Relative: <input type="checkbox"/>	LS																																LS
First/Last Name	B																																B
Milk Age: Relative: <input type="checkbox"/>	L																																L
First/Last Name	D																																D
Milk Age: Relative: <input type="checkbox"/>	AM																																AM
First/Last Name	PM																																PM
Milk Age: Relative: <input type="checkbox"/>	LS																																LS

Monitor: \_\_\_\_\_ Review Date: \_\_\_\_\_ This institution is an equal opportunity provider WM= Whole Milk FF= Fat Free 1%=1% Milk



# Northwest Nutrition Service, Inc.

## Instructions Using The Daily Menu Form

### Step 1: Provider Information:

Complete the top section with your name, claim month, and year.

### Step 2: Record Date:

Write in the date in which you are serving a meal or snack. Do not skip columns.

### Step 3: Follow Meal And Snack Requirements:

Meals and snacks are listed on the left hand of the page along with the requirements for a reimbursable meal or snack. Follow the meal/snack pattern.

\* See Example Provided.

### Step 4: Record Meals and Snacks Served:

Following the meal/snack pattern; complete the menu form. Only list foods that you served that are reimbursable.

- Homemade. List the letters **H.M.** to show that the meal item was homemade.
- CN. List the letters **CN** to show an approved CN labeled food item is on file
- **Must** keep label's on file for review.
- Do not list casseroles or how an item was prepared. For example: Do not write "Spaghetti" under the meat/meat alternate section. Must list ground beef, ground turkey etc.
- Please write legibly. If we cannot read it, we cannot pay for it. We are not allowed to guess what you served.

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**NORTHWEST NUTRITION SERVICE P.O. BOX 80303 WILLYWAHNE, WASHO 97140 (503) 833-1260 FROM (503) 833-2207**  
**MENU FORM (Use also for substitutions for MASTER MENU MEAL COUNT FORM)**

1-2yrs	3-5yrs	6-12yrs	MEALS	DATE:10/1/2017	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"  
 KEY:  
 WM = WHOLE MILK FF = SKIM OR FAT FREE MILK  
 1% = 1% MILK OZ EQ = OUNCE EQUIVALENTS  
 This institution is an equal opportunity provider.



# Northwest Nutrition Service, Inc.

## Instructions Using the Daily Infant Menu Form

### Step 1: Provider Information:

Complete the top section with your name, account number, claim month, claim year, infants name, infants date of birth, and name iron-fortified infant formula, expressed breast milk or Breast fed.

### Step 2. Record Date:

Write in the date in which meals and snacks are served. Do not skip columns.

### Step 3: Follow Meal And Snack Requirements:

Infants meal and snack requirements are divided in 2 age groups. Age groups are 0-5 months, and 6-11 months. The day an infant turns one year old follow the "Daily Menu Form" pattern.

### Step 4: Record Meals And Snacks Served: \* See Example Provided: 6 Month Old Infant.

Circle "EB" if Expressed Breast Milk is offered. Bottled expressed breast milk is reimbursable.

Circle Formula if formula is offered. All formula must be iron fortified.

Circle "PS" for parent supplied; if the parent is supplying the formula or other components as required for the age category of the infant in your care.

Circle "BF" if mother is Breast feeding on site.

### Step 5: Record Meals And Snacks Claiming:

List the infant on the "Daily Meal Count Record Form" the same as the other day care children.

"X" meals and or snacks that you are claiming. **You may claim up to 2 meals and 1 snack or 2 snacks and 1 meal.**

Meals are listed on the top section as B L D. B=Breakfast, L=Lunch, D=Dinner.

The bottom section lists the snacks. AM=Morning Snack, PM=Afternoon Snack, LS=Late Snack.

**DO NOT "X" EVERY MEAL AND OR SNACK YOU SERVE IF IT IS OVER THE 2 MEALS AND 1 SNACK OR 2 SNACKS AND 1 MEAL LIMIT. THERE SHOULD ONLY BE A TOTAL OF 3 "X's" FOR EACH CHILD EACH DAY.**

If you claim more than a total of 3 meals/snacks allowed; you will **NOT BE PAID** for that child.

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**NORTHWEST NUTRITION SERVICE DAILY INFANT MENU FORM**  
**P.O. Box 68365 Milwaukie, OR. 97268 (503) 653-7626 or 1-800-600-6058**

Fax: (503) 653-1484      [www.nwnutritionsservice.com](http://www.nwnutritionsservice.com)      e-mail: [information@nwnutritionsservice.com](mailto:information@nwnutritionsservice.com)

Provider Name: Tammy McCall    Acct#: 7895    Month: October    Year: 2017

Infant Name: Sammy Smith    Date of Birth: 03/01/2017    Name of Formula: Enfamil w/ Iron

0-5 Months	6-11 Months	Date:10/1/2017	Date:10/2/2017	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 <u>Formula</u> PS BF	EB <u>Formula</u> PS BF	EB Formula PS BF	EB Formula PS BF	EB Formula PS BF
	0-4 Tbsp. Infant cereal, meat or meat alternate*	2 Tbsp. Infant Rice cereal	2 Tbsp Infant Barley cereal			
	0-2 Tbsp. vegetable, fruit or both*	1 Tbsp Applesauce	2Tbsp Squash			
<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 <u>Formula</u> PS BF	EB <u>Formula</u> 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*	1/2 Slice Bagel	4 Tbsp Whole grain Cheerios			
	0-2 Tbsp. vegetable, fruit or both*	2 Tbsp Corn	2 Tbsp Banana			
<b>Lunch</b> 4-6 oz. BM or iron fortified formula	<b>Lunch</b> 6-8 oz. BM or iron fortified formula	EB <u>Formula</u> PS BF	EB <u>Formula</u> PS BF	EB Formula PS BF	EB Formula PS BF	EB Formula PS BF
	0-4 Tbsp. Infant cereal, meat or meat alternate*	2 Tbsp Chicken	2 Tbsp Garbanzo Beans			
	0-2 Tbsp. vegetable, fruit or both*	2 Tbsp Green Beans	2 Tbsp Tomato			
<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 <u>Formula</u> PS BF	EB <u>Formula</u> 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*	4 Tbsp WG Kix	3 Tbsp Navy Beans			
	0-2 Tbsp. vegetable, fruit or both*	2 Tbsp Pumpkin	2 Tbsp Cucumber			
<b>Dinner</b> 4-6 oz. BM or iron fortified formula	<b>Dinner</b> 6-8 oz. BM or Iron fortified formula	EB <u>Formula</u> PS BF	EB <u>Formula</u> PS BF	EB Formula PS BF	EB Formula PS BF	EB Formula PS BF
	0-4 Tbsp. Infant cereal, meat or meat alternate*	4 Tbsp Beef	3 Tbsp Navy Beans			
	0-2 Tbsp. vegetable, fruit or both	2 Tbsp Potato	2 Tbsp Spinach			
<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 <u>Formula</u> PS BF	EB <u>Formula</u> 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*	2 Plain Crackers	2 Tbsp Rice Infant cereal			
	0-2 Tbsp. vegetable, fruit or both	2 Tbsp Applesauce	2 Tbsp Carrots			

**\*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.**  
**\*\*\*Portion sizes must be recorded on daily infant menu form.\*\*\***