

Southwest Food Program Inc

719-573-2246

southwestcacf@gmail.com

Provider Signature

Printed Name

Phone

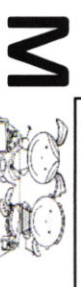
Claim Month/Year

I certify that all claimed meals/snacks meet CACFP pattern/portion requirements, were recorded at least daily, and are a fully accurate representation of foods and attendance. Parents may supply only 1 component. MN= mark only if mother nursed on site

Infant Food Pattern		Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Breakfast	0-5 Months 4-6 fl oz MM or IFIF	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN
	6-11 Months 6-8 fl oz MM or IFIF	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN
Am Snack	0-2 Tbsp Vegetable, Fruit, or both*																
	0-1/2 Bread slice, or 0-2 Crackers, or 0-4 Tbsp IFIC***																
Lunch	0-5 Months 4-6 fl oz MM or IFIF	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN
	6-11 Months 6-8 fl oz MM or IFIF	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN
PM Snack	0-2 Tbsp Vegetable, Fruit, or both*																
	0-1/2 Bread slice, or 0-2 Crackers, or 0-4 Tbsp IFIC***																
Supper	0-5 Months 4-6 fl oz MM or IFIF	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN
	6-11 Months 6-8 fl oz MM or IFIF	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN	<input type="radio"/> MN
Eve Snack	0-2 Tbsp Vegetable, Fruit, or both*																
	0-1/2 Bread slice, or 0-2 Crackers, or 0-4 Tbsp IFIC***																

Comments:

OPEN	
B AM	
L	
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Key: MM=Mother's Milk, IFIF= Iron Fortified Infant Formula, IFIC=Iron Fortified Infant Cereal, *Required when infant is developmentally ready.

=same as * + IFIC, Meat, Fish, Poultry, Eggs, Cooked Dry Beans, or Peas; or 0-2oz cheese; or 0-4oz (volume)cottage cheese; or 0-4oz yogurt; or combination, *=same as *+ ready to eat cereal (i.e. cheerios)

I N F A N T F O R M