



Provider Printed Name: _____ **Phone # :** _____ **Claim Month/Year** /

	USDA Requirements	Date	Date	Date	Date	Date
Breakfast	FLUID Age Apprpr Milk					
	Vegatable OR Fruit					
	Grain (or meat/meat alt option)					
AM Snack (Choose Two)	FLUID Age Apprpr Milk					
	Vegetable OR Fruit (1 each ok)					
	Grain (mark WGR)					
	Meat or Meat Alternate					
Lunch	FLUID Age Apprpr Milk					
	Vegetable					
	Vegetable OR Fruit					
	Grain					
	Meat or Meat Alternate					
PM Snack (Choose Two)	FLUID Age Apprpr Milk					
	Vegetable OR Fruit (1 each ok)					
	Grain (mark WGR)					
	Meat or Meat Alternate					
Supper	FLUID Age Apprpr Milk					
	Vegetable					
	Vegetable OR Fruit					
	Grain					
	Meat or Meat Alternate					

All milk served to participants is unflavored W/ FF or 1% for all participants over 2 yrs and Whole for participants 1-2 yrs

Whole Grain Rich offered at least 1/day Highly processed/Breaded meats only 1/ wk Breakfast option only 3/wk Juice only 2/wk Sugar limited in all foods see guide

WGR=Whole Grain/Whole Grain Rich FF=Fat Free 1%= 1% Milk W=Whole Milk, Sub=Milk Substitute (i.e. lactaid or APPROVED dairy-free)

I certify that I have followed USDA portion and meal pattern requirements, food and attendance were recorded daily, meals were served within approved time ranges, and that this claim for reimbursement is a true and accurate representation of services in my home. I understand that the due date for timely reimbursement is the 5th of each month

***Federally funded reimbursement is based on the information recorded by the provider. Deliberate misrepresentation may constitute fraud**

Signature: _____