

Provider's Name \_\_\_\_\_

Child No. 1: \_\_\_\_\_ Age: \_\_\_\_\_

Formula: \_\_\_\_\_ Cereal \_\_\_\_\_

**8 THROUGH 12 MONTHS**

List amounts of food offered to infant, not amount consumed.

MEAL REQUIREMENTS		AMOUNTS	MON.	TUES.	WED.	THURS.	FRI.
BRK.	I.F.I.F. or BREAST MILK* and						
	I.F.I.C and						
	Fruit or Vegetable or both						
AM SNACK	I.F.I.F. or BREAST MILK or Full strength (100%) juice and						
	Crusty Bread**						
	Crackers**						
LUNCH	I.F.I.F. or BREAST MILK* and						
	Choose 1 or more	I.F.I.C and /or					
		Cooked dry beans, peas or meat and					
		Poultry, fish or egg yolk					
		Cheese, or					
		Cottage Ch., Cheese Food or Spreads and					
	Fruit or Vegetable or both						
PM SNACK	I.F.I.F. or BREAST MILK or Full strength (100%) juice and						
	Crusty Bread**						
	Crackers**						
SUPPER	I.F.I.F. or BREAST MILK* and						
	Choose 1 or more	I.F.I.C and /or					
		Cooked dry beans, peas or meat and					
		Poultry, fish or egg yolk					
		Cheese, or					
		Cottage Ch., Cheese Food or Spreads and					
	Fruit or Vegetable or both						
EVE SNACK	I.F.I.F. or BREAST MILK or Full strength (100%) juice and						
	Crusty Bread**						
	Crackers**						

\* or portion of both

\*\* shaded areas = if developmentally ready