



Child Food Program of Texas

P.O. Box 5465, Katy, TX 77491
Tel: 281-395-7000, Fax: 281-395-7002
Toll-Free: 877-395-6560
#101-8284

Provider's Name: _____ Provider's No.: _____

INFANT MENUS

		Day	Day	Day	Day	Day
		Date	Date	Date	Date	Date
BREAKFAST	0-3 Mo	Infant Formula/Breast Milk (4-6 fl oz)				
	4-7 Mo	Infant Formula/Breast Milk (4-8 fl oz)				
		Infant Cereal (0-3 tbsp)				
	8-11 Mo	Infant Formula/Breast Milk (6-8 fl oz)				
		Infant Cereal (2-4 tbsp)				
		Fruit and/or Vegetable (1-4 tbsp)				
A.M. SNACK	0-3 Mo	Infant Formula/Breast Milk (4-6 fl oz)				
	4-7 Mo	Infant Formula/Breast Milk (4-6 fl oz)				
	8-11 Mo	Infant Formula/Breast Milk or Fruit Juice (2-4 fl oz)				
		Crusty Bread (0-1/2 sl) or Crackers (0-2)				
LUNCH	0-3 Mo	Infant Formula/Breast Milk (4-6 fl oz)				
	4-7 Mo	Infant Formula/Breast Milk (4-8 fl oz)				
		Infant Cereal (0-3 tbsp)				
		Fruit and/or Vegetable (0-3 tbsp)				
	8-11 Mo	Infant Formula/Breast Milk (6-8 fl oz)				
		Infant Cereal (2-4 tbsp) and/or Meat/Fish/Poultry/Egg Yolk (1-4 tbsp) or Cooked Dried Beans or Peas (1-4 tbsp) or Cheese (1/2-2 oz) or Cottage Cheese (1-4 oz) or Cheese Food or Cheese Spread (1-4 oz)				
		Fruit and/or Vegetable (1-4 tbsp)				
P.M. SNACK	0-3 Mo	Infant Formula/Breast Milk (4-6 fl oz)				
	4-7 Mo	Infant Formula/Breast Milk (4-6 fl oz)				
	8-11 Mo	Infant Formula/Breast Milk or Fruit Juice (2-4 fl oz)				
		Crusty Bread (0-1/2 sl) or Crackers (0-2)				
SUPPER	0-3 Mo	Infant Formula/Breast Milk (4-6 fl oz)				
	4-7 Mo	Infant Formula/Breast Milk (4-8 fl oz)				
		Infant Cereal (0-3 tbsp)				
		Fruit and/or Vegetable (0-3 tbsp)				
	8-11 Mo	Infant Formula/Breast Milk (6-8 fl oz)				
		Infant Cereal (2-4 tbsp) and/or Meat/Fish/Poultry/Egg Yolk (1-4 tbsp) or Cooked Dried Beans or Peas (1-4 tbsp) or Cheese (1/2-2 oz) or Cottage Cheese (1-4 oz) or Cheese Food or Cheese Spread (1-4 oz)				
		Fruit and/or Vegetable (1-4 tbsp)				

I certify that the information on this form is true and correct to the best of my knowledge and that I have followed the USDA portion requirements and meal pattern guidelines. I further certify that I am only claiming meals served to children enrolled in my day care facility and that I only claim meals for my own children if they are eligible and an enrolled non-resident child is also being claimed. I understand that misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Signature

Date