



# Child Food Program of Texas

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

Provider's Name: \_\_\_\_\_ Provider's No.: \_\_\_\_\_

## CHILD MENUS

		Day	Day	Day	Day	Day
		Date	Date	Date	Date	Date
<b>BREAKFAST</b>	Bread or Bread Alternate					
	Fruit, Vegetable, or Full Strength Juice					
	+ Other Foods (optional)					
	Milk (fluid)					
<b>A.M. SNACK</b>	Choose 2 or these 4:					
	• Meat/Meat Alternate					
	• Bread/Bread Alternate					
	• Fruit/Vegetable/Juice					
<b>LUNCH</b>	• Milk (fluid)					
	Meat or Meat Alternate					
	Bread/Bread Alternate					
	Fruit and/or Vegetable					
	Fruit and/or Vegetable					
	+ Other Foods (optional)					
<b>P.M. SNACK</b>	Milk (fluid)					
	Choose 2 or these 4:					
	• Meat/Meat Alternate					
	• Bread/Bread Alternate					
<b>SUPPER</b>	• Fruit/Vegetable/Juice					
	• Milk (fluid)					
	Meat or Meat Alternate					
	Bread/Bread Alternate					
	Fruit and/or Vegetable					
	Fruit and/or Vegetable					
+ Other Foods (optional)						
Milk (fluid)						

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