



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**INDIVIDUAL INFANT MEAL RECORD**

0 THROUGH 3 MONTHS

INFANT'S NAME	MEALS CLAIMED <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Supper	AGE (MONTHS)	DATE OF BIRTH
CENTER/PROVIDER	BREASTMILK <input type="checkbox"/> YES <input type="checkbox"/> NO	FORMULA TYPE	CLAIM MONTH/YEAR

**CLAIM ONLY APPROVED MEALS**

REQUIREMENTS	DATE									
	AMOUNT EATEN	TIME								
4-6 Oz. Breastmilk or Iron Fortified Infant Formula*										
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