



Missouri Department of Health and Senior Services
 SUMMER FOOD SERVICE PROGRAM

Menu – Meal Requirements

Name of Sponsor						
Name of Site				Week of		Year
Breakfast	Monday	Tuesday	Wednesday	Thursday	Friday	
Fluid Milk						
Juice, Fruit or Vegetable						
Grain/Bread						
Meat/Meat Alternate						
Other Foods						
Snack <i>Serve 2 of 4 components</i>						
Fluid Milk						
Juice; Fruit and/or Vegetable						
Grain/Bread						
Meat / Meat Alternate						
Other foods						
Lunch						
Fluid Milk						
Juice, Fruit and/or Vegetable <i>2 servings</i>						
Grain/Bread						
Meat/ Meat Alternate						
Other Foods						