



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
BREAKFAST, LUNCH/SUPPER, SNACK MENUS

Center Name: _____

MEAL PATTERN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST	Date:	Date:	Date:	Date:	Date:
MILK					
GRAINS/BREAD					
FRUIT/VEGETABLE/JUICE					
OTHER FOODS					
COMMENTS (FOR MDHSS USE ONLY)					
LUNCH/SUPPER					
MILK					
MEAT/MEAT ALTERNATE					
GRAINS/BREAD					
FRUIT/VEGETABLE					
FRUIT/VEGETABLE					
OTHER FOODS					
COMMENTS (FOR MDHSS USE ONLY)					

MEAL PATTERN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A.M. SNACK MENU	Date:	Date:	Date:	Date:	Date:
Choose two of four components.					
MILK					
GRAINS/BREAD					
FRUIT/VEGETABLE/JUICE					
MEAT/MEAT ALTERNATE					
OTHER FOODS					
COMMENTS (FOR MDHSS USE ONLY)					
P.M. SNACK MENUS	Date:	Date:	Date:	Date:	Date:
Choose two of four components.					
MILK					
GRAINS/BREAD					
FRUIT/VEGETABLE/JUICE					
MEAT/MEAT ALTERNATE					
OTHER FOODS					
COMMENTS (FOR MDHSS USE ONLY)					