



www.hfs-cacfp.org
 Phone: 402-451-6244
 6720 N. 30th Street
 Omaha, NE 68112

Hearland Family Service Child and Adult Care Food Program -- MENU FORM

MONTH:

PROVIDER NAME:

PROVIDER NUMBER:

CALENDAR DATE:																						
BREAKFAST 6:00 - 9:00	fluid milk	Circle	W	2%	1%	S	W	2%	1%	S	W	2%	1%	S	W	2%	1%	S	W	2%	1%	S
	fruit, vegetable																					
	full strength juice																					
	cereal and/or grains/breads																					
	other food--optional																					
AM SNACK 9:00 - 10:45	CHOOSE TWO:																					
	fluid milk																					
	fruit/vegetable																					
	meat/alternate																					
	grains/breads																					
LUNCH 11:00 - 1:00	fluid milk	Circle	W	2%	1%	S	W	2%	1%	S	W	2%	1%	S	W	2%	1%	S	W	2%	1%	S
	meat and/or alternate																					
	vegetable fruit																					
	vegetable fruit																					
	grains/breads																					
PM SNACK 2:00 - 4:30	CHOOSE TWO:																					
	fluid milk																					
	fruit/vegetable																					
	meat/alternate																					
	grains/breads																					
SUPPER 5:00 - 7:00	fluid milk	Circle	W	2%	1%	S	W	2%	1%	S	W	2%	1%	S	W	2%	1%	S	W	2%	1%	S
	meat and/or alternate																					
	vegetable fruit																					
	vegetable fruit																					
	grains/breads																					
LN SNACK 7:00 - 10:00	CHOOSE TWO:																					
	fluid milk																					
	fruit/vegetable																					
	meat/alternate																					
	grains/breads																					