



Iowa CACFP Center name/site number _____ Month _____ Year _____

Menu Form for Adult Care

Meal Patterns	Monday Date _____	Tuesday Date _____	Wednesday Date _____	Thursday Date _____	Friday Date _____
Breakfast <ul style="list-style-type: none"> • Milk, fluid or yogurt • Grain/bread • 2nd grain/bread • Vegetable/fruit 					
AM Snack (Select two of these four components) <ul style="list-style-type: none"> • Milk, fluid or yogurt • Vegetable/fruit • Grain/bread • Meat/meat alternate 					
Lunch <ul style="list-style-type: none"> • Milk, fluid or yogurt • Meat/meat alternates • Vegetable/fruit • 2nd Vegetable or fruit • Grain/bread • 2nd Grain/bread 					
PM Snack (Select two of these four components) <ul style="list-style-type: none"> • Milk, fluid or yogurt • Vegetable/fruit • Grain/bread • Meat/meat alternate 					

Water must be served at all meals, but must not replace any required meal component.

Use these codes: (A) Vitamin A food, (B) Cooked dried beans or peas, (C) Vitamin C food, (I) Iron food source, (S) Seasonal food, (F) Fresh, (HM) Homemade