

Provider # _____
 Provider Name _____

INFANT MENU



Infant Name: _____ Date of Birth: _____
 Iron Fortified Infant Cereal: _____ Iron-Fortified Infant Formula _____

Menu Submitted for:

- 0-3 Months
- 4-7 Months
- 8-12 Months

Infants 8-12 months of age, please indicate:

- Provider supplying Meal Components, other than IF Infant Formula
- Parents supplying Meal Components, other than IF Infant Formula

Infant Meal Pattern	Minimum Requirements			MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	0-3 Months	4-7 Months	8-12 Months							
BREAKFAST										
Breastmilk or IFIF	4-6 ounces	4-8 ounces	6-8 ounces	Breastmilk or IFIF	Breastmilk or IFIF	Breastmilk or IFIF	Breastmilk or IFIF	Breastmilk or IFIF	Breastmilk or IFIF	Breastmilk or IFIF
Fruit or Vegetable	NONE	NONE	1-4 ounces							
Iron Fortified Cereal	NONE	0-3 Tbsp.	2-4 Tbsp.							
LUNCH OR SUPPER										
Breastmilk or IFIF	4-6 ounces	4-8 ounces	6-8 ounces	Breastmilk or IFIF	Breastmilk or IFIF	Breastmilk or IFIF	Breastmilk or IFIF	Breastmilk or IFIF	Breastmilk or IFIF	Breastmilk or IFIF
Fruit or Vegetable	NONE	0-3 Tbsp.	1-4 Tbsp.							
Iron Fortified Cereal and/or	NONE	0-3 Tbsp.	2-4 Tbsp.							
Meat, Poultry, Egg Yolk, Cooked Dry Peas, Beans or	NONE	NONE	½ - 2 ounces							
Cheese or	NONE	NONE	1-4 ounces							
Cottage Cheese	NONE	NONE	1-4 ounces *volume							
SNACKS										
Breastmilk or IFIF or	4-6 ounces	4-6 ounces	2-4 ounces							
100% Fruit Juice *Only for 8-12 months	NONE	NONE	2-4 ounces							
Bread or Crackers *If developmentally ready	NONE	NONE	0-1/2 slice 0-2							

Fruit List: 1. _____ 2. _____
 3. _____ 4. _____

Vegetable List: 1. _____ 2. _____
 3. _____ 4. _____