

WEEKLY MENU FORM

Tri-Star Alliance, Inc.

PROVIDER SIGNATURE _____ WEEK BEGINNING _____

MEAL PATTERN REQUIREMENTS				MON	TUES	WED	THURS	FRI	SAT	SUN
	AGE 1 to 2	AGE 3 to 5	AGE 6 to 12	DATE						
BREAKFAST										
FLUID MILK*	1/2 CUP	3/4 CUP	1 CUP		MILK	MILK	MILK	MILK	MILK	MILK
FRUIT/VEGETABLE	1/4 CUP	1/2 CUP	1/2 CUP							
CEREAL GRAIN/BREAD	1/2 SERV	1/2 SERV	1 SERV							
LUNCH										
FLUID MILK ₁	1/2 CUP	3/4 CUP	1 CUP		MILK	MILK	MILK	MILK	MILK	MILK
MEAT/MEAT ALTERNATE	1 OUNCE	1 1/2 OUNCES	2 OUNCES							
VEGETABLE	1/8 CUP	1/4 CUP	1/2 CUP							
FRUIT/VEGETABLE	1/8 CUP	1/4 CUP	1/4 CUP							
GRAIN/BREAD	1/2 SERV	1/2 SERV	1 SERV							
SUPPER										
FLUID MILK*	1/2 CUP	3/4 CUP	1 CUP		MILK	MILK	MILK	MILK	MILK	MILK
MEAT/MEAT ALTERNATE	1 OUNCE	1 1/2 OUNCES	2 OUNCES							
VEGETABLE	1/8 CUP	1/4 CUP	1/2 CUP							
FRUIT/VEGETABLE	1/8 CUP	1/4 CUP	1/4 CUP							
GRAIN/BREAD	1/2 SERV	1/2 SERV	1 SERV							
SNACK: SERVE 2 OF THE 5 COMPONENTS										
FLUID MILK*	1/2 CUP	3/4 CUP	1 CUP	TIME:						
FRUIT	1/2 CUP	1/2 CUP	3/4 CUP	AM SNACK						
VEGETABLE	1/2 CUP	1/2 CUP	3/4 CUP							
MEAT/MEAT ALTERNATE	1/2 OUNCE	1/2 OUNCE	1 OUNCE	PM SNACK						
GRAIN/BREAD	1/2 SERV.	1/2 SERV	1 SERV	NT SNACK						

*1 year olds unflavored whole milk
 2 - 5 years unflavored 1% or skim milk
 6 - 12 years unflavored 1% or skim milk or flavored skim milk

This institution is an equal opportunity provider.