

"I certify that all information front and back is true and correct. I understand this information being given in connection with receipt of federal funds; that the institution officials may verify this information; and that deliberate misrepresentations may subject me to prosecution under applicable State and Federal criminal statutes."

**Community Nutrition Resources, Inc.**

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 (480) 982-7788 or (866) 982-7788  
 Fax (480) 982-7773  
 Website: <http://cnr.cfsites.org>

**INSTRUCTIONS:**

- Record the name of the infant(s) being served the meal
- Use a (✓) where indicated
- No more than two meals and one snack or two snacks and one meal may be claimed per day per infant
- All formula served must be iron fortified
- Record infant name and totals each day on regular menu

Name: \_\_\_\_\_ Telephone : \_\_\_\_\_

Signature: \_\_\_\_\_ Month: \_\_\_\_\_

**Infant Name** \_\_\_\_\_ **Iron Fortified Infant Formula Brand** \_\_\_\_\_

Week of \_\_\_\_\_ (mo/day/yr) to \_\_\_\_\_ (mo/day/yr)

**B-3 Months Meal Requirements**

		Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<b>Breakfast</b>	4-6 fl. oz Iron Fortified Formula or breast milk (✓)							
<b>AM Snack</b>	4-6 fl. oz. Iron fortified formula or breast milk (✓)							
<b>Lunch</b>	4-6 fl. oz Iron fortified formula or breast milk (✓)							
<b>PM Snack</b>	4-6 fl. oz. Iron fortified formula or breast milk (✓)							
<b>Supper</b>	4-6 fl. oz Iron fortified formula or breast milk (✓)							
<b>Eve Snack</b>	4-6 fl. oz. Iron fortified formula or breast milk (✓)							

Week of \_\_\_\_\_ (mo/day/yr) to \_\_\_\_\_ (mo/day/yr)

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