

"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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 Apache Junction, AZ 85278  
 (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
  - Record the specific kind of fruit/vegetable or meat served
  - No more than two meals and one snack or two snacks and one meal may be claimed per day per infant
  - All formula and infant cereal served must be iron fortified
  - Record infant name and totals each day on regular menu

Name: \_\_\_\_\_ Sally Smith \_\_\_\_\_ Telephone : \_\_\_\_\_ 333-3333

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

**Infant Name** Betty Joe

Week of 4/1/08 (mo/day/yr) to 4/5/08 (mo/day/yr)

**Iron Fortified Infant Formula Brand** Similac

<b>4-7 Months Meal Requirements</b>		<b>Sun</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>
<b>Breakfast</b>	4-8 fl. oz Iron Fortified Formula or breast milk (✓)		✓	✓	✓	✓	✓	
	0-3 Tbsp. Iron Fortified Infant Cereal (optional) (✓)							
<b>AM Snack</b>	4-6 fl. oz. Iron fortified formula or breast milk (✓)		✓	✓	✓	✓	✓	
<b>Lunch</b>	4-8 fl. oz Iron fortified formula or breast milk (✓)		✓	✓	✓	✓	✓	
	0-3 Tbsp. Iron Fortified Infant Cereal (optional) (✓)							
	0-3 Tbsp. Fruit/and or Vegetable (optional)							
<b>PM Snack</b>	4-6 fl. oz. Iron fortified formula or breast milk (✓)							
<b>Supper</b>	4-8 fl. oz Iron fortified formula or breast milk (✓)							
	0-3 Tbsp. Iron Fortified Infant Cereal (optional) (✓)							
	0-3 Tbsp. Fruit/and or Vegetable (optional)							
<b>Eve Snack</b>	4-6 fl. oz. Iron fortified formula or breast milk (✓)							