

"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: Sally Smith Telephone : 333-3333

Signature: Sally Smith Month: June

Infant Name Betty Joe

Iron Fortified Infant Formula Brand Similac

Week of 6/1/08 (mo/day/yr) to 6/5/08 (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 (✓) |     |     |      |     |       |     |     |