

<b>Provider:</b>											
<b>MENUS APPROVED BY:</b>	<b>REGISTERED DIETICIAN – PROVIDER'S</b>				<b>DATE</b>		<b>REGISTERED DIETICIAN – PSA'S</b>				<b>DATE</b>
<b>MENU PATTERN</b>	<b>MONTH &amp; DAY (MONTH/DATE OVER APPROPRIATE DAY OF THE WEEK)</b>										
	<b>MONDAY</b>		<b>TUESDAY</b>		<b>WEDNESDAY</b>		<b>THURSDAY</b>		<b>FRIDAY</b>		
<b>MEAT OR ALTERNATE</b> (2oz cooked edible portion ) List portion size & food components of all extended entrees. (e.g. casseroles)	mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		
<b>VEGETABLES</b> (1--2 – half cup servings) (1 cup raw leafy vegetables = 1 serving)	mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		
	mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		
<b>FRUIT*</b> (1 half cup serving)	mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		
<b>BREAD /GRAIN**</b> (1-2 servings ) ½ should be whole grain	mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		
<b>DESSERT*</b> (Optional)	mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		mg Vit. A ____; mg Vit.C ____; mg Sodium ____		
<b>KEY NUTRIENTS</b> Specify total mg of Vit A & Vit C (unless from single source) and mg of Sodium contained in the meal.	mg Vit.A	mg Vit.C	mg Vit.A	mg Vit. C	mg Vit.A	mg Vit. C	mg Vit.A	mg Vit. C	mg Vit.A	mg Vit C	
	mg Sodium		mg Sodium		mg Sodium		mg Sodium		mg Sodium		
<b>FORTIFIED MILK</b> (8 oz. serving ) Non-Fat, Low-Fat, or Buttermilk											
<b>COMMENTS [NOTE DAY IN BRACKETS]</b>											

NOTE: This menu pattern is based on the caloric requirement for a 70+ year old female whose activity level is sedentary.

Vitamin A Source (\*) 3 times per week. (250µg). Vitamin C Source (+) Daily. (25 mg)

Use fruit as a dessert as often as possible, limit sweets – The fruit and grains you serve in dessert can count towards the fruit and/or grain requirement.