

**NORTHWEST NUTRITION SERVICE (503) 653-7626 OR 1-800-600-6058**

**INFANT MENU: CIRCLE ALL FORMULA/BREAST MILK SERVED/LIST OTHER FOODS SERVED IF REQUIRED**

<b>Provider Name:</b> _____	Date:	Date:	Date:	Date:	Date:
<b>Infant Name:</b> _____					
<b>Name of formula:</b> _____					
<b>Month:</b> _____ <b>Year</b> _____					

<b>Breakfast</b>	<b>0-3 months</b>	<b>4-7 months</b>	<b>8 mos.-1yr</b>	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk
Formula	4-6 oz.	4-8 oz.	6-8 oz.					
Fruit/Veg.	None	None	1-4 Tbs.					
Inf. Cereal	None	0-3 Tbs.	2-4 Tbs.					

<b>A.M. Snack</b>	<b>0-3 months</b>	<b>4-7 months</b>	<b>8 mos.-1yr</b>	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk
Formula <b>Or</b> Juice	4-6 oz	4-6 oz	2-4 oz					
Bread/ Cracker	None	None	½ slice bread or 0-2 cracker					

<b>Lunch</b>	<b>0-3 months</b>	<b>4-7 months</b>	<b>8 mos.-1yr</b>	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk
Formula	4-6 oz	4-8 oz	6-8 oz					
Inf. Cereal <b>Or</b> Meat/Alt	None	0-3 Tbs	2-4 Tbs <b>Or</b> 1-4 Tbs					
Fruit/Veg.	None	0-3 Tbs	1-4 Tbs					

<b>P.M. Snack</b>	<b>0-3 months</b>	<b>4-7 months</b>	<b>8 mos.-1yr</b>	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk
Formula <b>Or</b> Juice	4-6 oz	4-6 oz	2-4 oz					
Bread/ Cracker	None	None	½ slice bread or 0-2 cracker					

<b>Dinner</b>	<b>0-3 months</b>	<b>4-7 months</b>	<b>8 mos.-1yr</b>	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk
Formula	4-6 oz	4-8 oz	6-8 oz					
Inf. Cereal <b>Or</b> Meat/Alt	None	0-3 Tbs	2-4 Tbs <b>Or</b> 1-4 Tbs					
Fruit/Veg	None	0-3 Tbs	1-4 Tbs					

<b>Late Snack</b>	<b>0-3 months</b>	<b>4-7 months</b>	<b>8 mos.-1yr</b>	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk	Formula/ Breast Milk
Formula <b>Or</b> Juice	4-6 oz	4-6 oz	2-4 oz					
Bread/ Cracker	None	None	½ slice bread or 0-2 cracker					

**CODES:**  
**PS-**Food and Formula supplied by parent must be identified with “PS” next to each component that is supplied by the parent  
**EB-** Expressed breast milk must be identified with “EB” each time expressed breast milk is offered.  
**Other:** Formula and infant cereal must be iron fortified  
 Expressed (bottled) breast milk is reimbursable.  
 No juice at meals or under 8 months.  
 No hotdogs, peanut butter, honey, yogurt, shellfish, whole egg (egg yolk only) vegetable juices, whole milk, junior graduates or mixed meals.