

KEY: Provide portions for age group representing majority of children.

M/MA: Meat or meat alternate (portion must be listed in ounce weight)

F/V: Full-strength juice or fruit or vegetable (portion must be listed in cup measure)

G/B: Grains/breads (portion must be listed in ounces or grams, or if bread, by the slice)

M: Milk (portion must be listed in cup measure)

O/F: Other foods

ILLINOIS STATE BOARD OF EDUCATION

Nutrition Programs Division

100 North First Street, W-270

Springfield, Illinois 62777-0001

SUPPLEMENT MENUS

AGREEMENT NUMBER AGREEMENT NUMBER

SPONSOR NAME AND ADDRESS

Child and Adult Care Food Program

Summer Food

Majority of children are ages:

1-2 3-5 6-12

CONTACT PERSON

TELEPHONE (Include Area Code)

Component (See Key Above)	MENU		ISBE CORRECTION	MENU		ISBE CORRECTION	MENU		ISBE CORRECTION
	ITEM	PORTION		ITEM	PORTION		ITEM	PORTION	
M/MA: F/V: G/B: M: O/F:	Day 1			Day 2			Day 3		
M/MA: F/V: G/B: M: O/F:	Day 4			Day 5			Day 6		
M/MA: F/V: G/B: M: O/F:	Day 7			Day 8			Day 9		
M/MA: F/V: G/B: M: O/F:	Day 10			Day 11			ISBE USE ONLY		

_____ Date _____ ISBE Approved Signature

The menus have been approved with corrections noted. Any additional changes to the approved menus may make the meals ineligible for reimbursement.