

**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 Department  
100 North First Street, W-270  
Springfield, Illinois 62777-0001

**SNACK MENUS**

AGREEMENT NUMBER _____ - _____ - _____		SPONSOR NAME AND ADDRESS	
<input type="checkbox"/> <b>Child and Adult Care Food Program</b>	<input type="checkbox"/> <b>Summer Food</b>		
Majority of children are ages: <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 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			<b>ISBE USE ONLY</b>		
	_____	_____	_____	_____	_____	_____	_____		
	_____	_____	_____	_____	_____	_____	_____		
	_____	_____	_____	_____	_____	_____	_____		
	_____	_____	_____	_____	_____	_____	_____		
	_____	_____	_____	_____	_____	_____	_____		

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.