

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 and Wellness Programs Division

100 North First Street, W-270

Springfield, Illinois 62777-0001

SUPPLEMENT MENUS

AGREEMENT NUMBER _____ - _____ - _____		SPONSOR NAME AND ADDRESS	
<input type="checkbox"/> Child and Adult Care Food Program	<input type="checkbox"/> Summer Food		
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			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.