

**PROJECT: SENIOR NUTRITION SERVICES**

**MENUS APPROVED BY:**

\_\_\_\_\_  
PROJECT NUTRITIONIST

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROJECT COUNCIL CHAIRPERSON

\_\_\_\_\_  
DATE

| MENU PATTERN                                                                                                                                                                                              | MONTH & DAY ( INDICATE MONTH/DATE OVER APPROPRIATE DAY OF THE WEEK) |             |             |             |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------|-------------|-------------|-------------|
|                                                                                                                                                                                                           |                                                                     |             |             |             |             |
|                                                                                                                                                                                                           | MONDAY                                                              | TUESDAY     | WEDNESDAY   | THURSDAY    | FRIDAY      |
| <b>Meat or Alternate</b><br>( 3 Oz. Cooked Edible Portion )<br><br>Please List Portion Size & Food Components Of All Extended Entrees.<br>( Casseroles Etc. )                                             |                                                                     |             |             |             |             |
| <b>Vegetables / Fruit</b><br>( 3 – ½ Cup Servings )<br><br>Vitamin A Source (*) 3 Times A Week.<br><br>Vitamin C Source (+) Daily.                                                                        |                                                                     |             |             |             |             |
| <b>Bread or Alternate</b><br>( 1-2 Servings )                                                                                                                                                             |                                                                     |             |             |             |             |
| <b>Fortified Margarine</b><br>( Optional )                                                                                                                                                                |                                                                     |             |             |             |             |
| <b>Dessert</b><br>( ½ Cup Serving )<br><br>Use fruit as a dessert as often as possible, limit sweets – The fruit and grains you may serve in dessert can count towards the fruit and/or grain requirement |                                                                     |             |             |             |             |
|                                                                                                                                                                                                           | <b>Mg C</b>                                                         | <b>Mg C</b> | <b>Mg C</b> | <b>Mg C</b> | <b>Mg C</b> |
| <b>Fortified Milk</b><br>( 8 Oz. Serving )<br>Non-Fat, Low-Fat Or Buttermilk                                                                                                                              | X                                                                   | X           | X           | X           | X           |