

NM CHILD AND ADULT CARE FOOD PROGRAM (CACFP) HOME FOOD RECORD FOR CHILDREN

Reminders: -Serve Whole grain 1x/day-write on menu -Yogurt 23g sugar/6oz -Cereal 6g sugar/oz max		Provider's Name:		EPICS #:	Phone #:	Month/Year:
		Date:	Date:	Date:	Date:	Date:
		FOOD ITEM	FOOD ITEM	FOOD ITEM	FOOD ITEM	FOOD ITEM
BREAKFAST (Serve all 3)		<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>
AM SNACK (Serve 2 of 5)		<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>
LUNCH (Serve all 5)		<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>
PM Snack (Serve 2 of 5)		<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>
Supper (Serve all 5)		<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>
Late PM Snack (Serve 2 of 5)		<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>	<i>Circle: Whole 1% Skim</i>

I certify that the information contained in all menus and sheet(s) submitted is accurate in all respects. I realize the menu and attendance sheet(s) are being given in connection with the receipt of federal funds and that deliberate misrepresentation may result in state or federal prosecution. I accept children and serve meals to children regardless of sex, race, color, disability or national origin.

ONLY USE THIS FORM FOR CHILDREN 1-18 YEARS OLD & HANDICAPPED ADULTS (no infants)
 Only two meals and one snack OR two snacks and one meal may be claimed per child per day.
 Provider's Signature _____

Rev. October 2017