

\*REFER TO INFANT MEAL PATTERN IN PROVIDER NOTEBOOK.

Signature of provider			Phone Number	City	Month	Year	
MEAL	0 THRU 3 MONTHS MEAL REQUIREMENT	QUANTITY	Name(s) of infant				
			DATE	DATE	DATE	DATE	DATE
Breakfast	IFIF* OR Breast Milk*	4-6 fl oz					
MS/ES	IFIF* OR Breast Milk*	4-6 fl oz					
Lunch	IFIF* OR Breast Milk*	4-6 fl oz					
AS	IFIF* OR Breast Milk*	4-6 fl oz					
Dinner	IFIF* OR Breast Milk*	4-6 fl oz					

**THE DAY THE CHILD TURNS 4 MONTHS CLAIM BELOW.**

MEAL	4 THRU 7 MONTHS MEAL REQUIREMENT	QUANTITY	Name(s) of infant				
			DATE	DATE	DATE	DATE	DATE
Breakfast	IFIF* OR Breast Milk*	4-8 fl oz					
	IFIC	0-3 Tbsp					
MS/ES	IFIF* OR Breast Milk*	4-6 fl oz					
Lunch	IFIF* OR Breast Milk*	4-8 fl oz					
	IFIC OR Fruit &/or Veg.	0-3 Tbsp					
AS	IFIF* OR Breast Milk*	4-6 fl oz					
Dinner	IFIF* OR Breast Milk*	4-8 fl oz					
	IFIC OR Fruit &/or Veg.	0-3 Tbsp					

**THE DAY THE CHILD TURNS 8 MONTHS CLAIM BELOW.**

MEAL	8 THRU 11 MONTHS MEAL REQUIREMENT	QUANTITY	Name(s) of infant				
			DATE	DATE	DATE	DATE	DATE
Breakfast	IFIF* OR Breast Milk*	6-8 fl oz					
	IFIC	2-4 Tbsp					
	Fruit AND/OR Veg.	1-4 Tbsp					
MS/ES	IFIF* OR Breast Milk* OR 100% Full Strength Juice	2-4 fl oz					
	Slice Bread OR Crackers	0-1/2 slice 0-2					
Lunch	IFIF* OR Breast Milk*	6-8 fl oz					
	Fruit AND/OR Veg.	1-4 Tbsp					
	IFIC* AND/OR Meat or Meat Alternate*	2-4 Tbsp 1-4 Tbsp					
AS	IFIF* OR Breast Milk* OR 100% Full Strength Juice	2-4 fl oz					
	Slice Bread OR Crackers	0-1/2 slice 0-2					
Dinner	IFIF* OR Breast Milk*	6-8 fl oz					
	Fruit AND/OR Veg.	1-4 Tbsp					
	IFIC* AND/OR Meat or Meat Alternate*	2-4 Tbsp 1-4 Tbsp					