Infant Menu Planner
Age 6 weeks to 12 months
(Ends on first birthday)

Instructions:

1. Fill in your name, Provider Number and the month on the lines provided
2. Record the name and birthdate for each infant 6 weeks to 12 months in the appropriate age group box, below.
3. Fill in the date at the top of the menu for each claiming day of the month. Cross off any food not served and list the substituted food, if any.
4. Record the infant's meals on the meal count, also and send the top copy of this form with your claim to CCNi after the last meal or snack has been served for the month.
5. Infants younger than 6 weeks may not be claimed on the CACFP unless the County Licenser issues a variance,
6. Once infants become age appropriate, you must record actual fruits, vegetables, meats and meat alternates served to them at each meal.

Special notes: Meals consisting only of parent-supplied formula are eligible for reimbursement if CCNI has a formula statement on file, signed by the parent and he caregiver serves the meal.
Consult the infant's parents to determine the fruits, vegetables and meats to serve. Infants must be served Iron-fortified Infant formula or breast milk. Parent supplied formula must also be Iron-fortified in order to qualify for reimbursment.
100% Fruit Juice is the only juice creditable under one year of age. It can only be served & claimed at snack time for infants 8 months or older.

Provider Name	**Provider Number:**	**Month of Claim:**

Infant Age Group 6 weeks through 3 months			**Infant Age Group: 4 months through 7 months**			**Infant Age Group: 8 months through 12 months**		
Infant name (7 weeks thru 3 months)	**Birthdate**		**Infant Name (4 thru 7 months)**	**Birthdate**		**Infant Name (8 thru 12 months)**	**Birthdate**	
Provider Supplies the IFIF (√)			**Provider Supplies the IFIF (√)**			**Provider Supplies the IFIF (√)**		
Parent Supplies the IFIF (√)			**Parent Supplies the IFIF (√)**			**Parent Supplies the IFIF (√)**		
Formula statement on file? (circle one)	**yes**	**no**	**Formula statement on file? (circle one)**	**yes**	**no**	**Formula statement on file? (circle one)**	**yes**	**no**
Special Diet Statement on file (circle one)	**yes**	**no**	**Special Diet Statement on file (circle o**	**yes**	**no**	**Special Diet Statement on file (circle o**	**yes**	**no**
Indicate (Brand of IFIF or Breast Milk) all month			**Indicate (Brand of IFIF or Breast Milk) all month**			**Indicate (Brand of IFIF or Breast Milk) all month**		
Indicate Iron Fortified Infant Cereal used this month (rice, oatmeal, etc)			**Indicate Iron Fortified Infant Cereal used this month (rice, oatmeal, etc)**			**Indicate Iron Fortified Infant Cereal used this month (rice, oatmeal, etc)**		
						100% Juice served to 8 Monthand older, Snack only:		

CALENDAR DATE									
Breakfast									
IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk
Fruit/Vegetable									
IFIC(Infant Cereal)	IFIC	IFIC	IFIC	IFIC	IFIC	IFIC	IFIC	IFIC	IFIC
Am Snack									
IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk
100% Fruit Juice (8 months)									
bread/crackers (optional)									
Lunch									
IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk
Fruit/Vegetable									
IFIC And/Or	IFIC	IFIC	IFIC	IFIC	IFIC	IFIC	IFIC	IFIC	IFIC
Meat/Meat alternate									
Pm Snack									
IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk
100% Fruit Juice (8 months)									
bread/crackers (optional)									
Supper									
IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk
Fruit/Vegetable									
IFIC And/Or	IFIC	IFIC	IFIC	IFIC	IFIC	IFIC	IFIC	IFIC	IFIC
Meat/Meat alternate									
Evening Snack									
IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk	IFIF/Breast Milk
100% Fruit Juice (8 months)									
bread/crackers (optional)									
Substitutions: Please cross out the unserved meal component above and record substituted items below for each day/meal									