

Adult Care Center: _____

Date: _____

Must Select Two of the Five Components

Date	Snack Menu	Number of Adults Served	Item, Portion, Quantity	Meat/Meat Alternate (1 oz.)	Vegetable (½ cup)	Fruit (½ cup)	Grains (1 oz. eq.)	Milk (8 fl. oz.)
			<i>Item</i>					
			<i>Portion Size</i>					
			<i>Quantity Prepared</i>					
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