

WYOMING DEPARTMENT OF HEALTH, AGING, CLS

Standard Meal Pattern Menu Approval Sheet

This form will not be accepted without check marks based on meals/day and signature

Food Group	1 meal/day		2 meals/day		3 meals/day	
	Minimum	Check	Minimum	Check	Minimum	Check
Protein	3 oz. or equivalent		4 oz. or equivalent		6 oz. or equivalent	
Fruit &/or Vegetable	3 servings		6 servings		9 servings	
	Dark green vegetable 1x week		Dark green vegetable 1x week		Dark green vegetable 1x week	
	Red/orange vegetable 2x week		Red/orange vegetable 2x week		Red/orange vegetable 2x week	
	Starchy vegetable 2x week		Starchy vegetable 2x week		Starchy vegetable 2x week	
	Beans/peas 1x week		Beans/peas 1x week		Beans/peas 1x week	
Grain	2 servings		4 servings		6 servings	
	Whole grains 3x week		Whole grains 6x week		Whole grains 9x week	
Milk & Milk Alternatives	1 serving		2 servings		3 servings	
Max			m Content (Dietary G			
Energy	660 calories (No less than 600/day)		1,320 calories (No less than 1,200/day)		2,000 calories (No less than 1,800/day)	
Fat	30% (35% or less per meal)		30% 35% or less per meal		30% 35% or less per meal	
	<10% saturated fat		<10% saturated fat		<10% saturated fat	
	Avoid trans fat		Avoid trans fat		Avoid trans fat	
Sodium	1,400mg		1,800mg		2,300mg	
Added sugars	<17g		<34g		<51g	

I certify that I have reviewed the Title III-C menu policies and the menu herein meets all nutritional requirements as indicated on this table and within the menu policy specifications. *Please check appropriate boxes to indicate standards are met for one, two, or three meals per day.*

Menu Dates Approved:	
Registered Dietitian Signature:	Date: